
**DEVELOPMENTAL DISABILITIES COUNCIL
ANNUAL PROGRAM PERFORMANCE REPORT**

SECTION I: IDENTIFICATION

1. State/Territory Name: SOUTH DAKOTA
 2. Federal Fiscal Year Reporting: Oct. 1, 2006 through Sept. 30, 2007
 3. Contact person regarding PPR information: Arlene Poncelet
 4. Contact person's phone number: 605-773-6369
 5. Name of Executive Director: Arlene Poncelet
 6. Name of Chairperson: Travis Arneson
 7. Council Address: Hillsview Plaza, c/o 500 E Capitol, Pierre, SD 57501
 8. Council Phone Number: 605-773-6369
 9. Council FAX Number: 605-773-5483
 10. Council e-mail address: arlene.poncelet@state.sd.us
 11. Council Web Page address: http://dhs.sd.gov/ddc
 12. Did your Designated State Agency (DSA) change this fiscal year?
☒ No ☐ Yes If Yes, name of new DSA: _____
If Yes, is the new DSA a Service Provider? ☐ Yes ☐ No
 13. State Authority Establishing Council:
State Statute ☒ Executive Order ☐ N/A
 14. Has the Executive Order/Statute changed this year?
☒ No ☐ Yes ☐ N/A If yes, kindly attach a copy
- OMB #: 0980-0172, Exp. Date: xx/xx/xxxx

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SECTION II: COMPREHENSIVE REVIEW AND ANALYSIS UPDATE - Please provide an update on the comprehensive review and analysis in your State Plan. Include a description of the adequacy of health care and other services, supports, and assistance that individuals with developmental disabilities receive 1) in ICF(MR)s; and 2) through home and community-based waivers.

The process of review and analysis of the state service system for people with developmental disabilities consists on ongoing input to the Council in the form of state agency updates at Council meetings, Council staff and member participation in meetings, and grant reports and requests made to the Council. This input included the areas of training, Family Support 360 grant, protection and advocacy, community based services, public information and awareness activities, College of Direct Support, and more.

Council members and staff participated in workgroups, steering committees, advisory boards, retreats and training institutes that include discussion and planning concerning various parts of the state service system. Examples include the Family Support Council meetings, SD Alliance for Children, Consortium on Prevention of Fetal Alcohol Spectrum Disorders, Core Stakeholders Workgroup and People Leading Accessible Networks of Support (PLANS) Workgroup. Involvement in these workgroups and committees provides the Council with opportunities to keep current and provide input on activities across the State that affect services and supports for people with developmental disabilities.

The Department of Human Services' (DHS) Division of Developmental Disabilities (DDD) continues to survey each provider agency to determine compliance with the Administrative Rules of South Dakota (ARSD) certification requirements, Articles 46:11 and 46:13 and the Centers for Medicaid and Medicare (CMS) waiver assurances. During FFY07, the Division utilized a workgroup with representation from each provider agency to analyze the current ARSD and HCBS review processes to revise and combine as necessary for a quality process and tool that meets CMS assurance requirements. The workgroup drafted a survey tool to gather aggregate data in the following areas: Participant Rights and Responsibilities, Provider Capacity and Capability, Participant Centered Service Planning and Delivery and Participant Safeguards. The process was revised to include staff from the agency being reviewed as part of the team that includes DDD staff and consultants from the Department of Health (DOH). The DOH consultants ensure that buildings owned or leased by providers are safe and sanitary. A report is generated and shared with the agency as part of the exit interview. A list of deficiencies and a plan of correction is developed as a result of the survey. DDD monitors the completion and progress of the provider's plan of correction during the year that a survey is not scheduled. Beginning in August 2007, agencies are reviewed using the new survey tool and review process. The tool ensures consistent, statewide application of ARSD and HCBS assurances. The tool is currently an Excel program but plans are to have the tool moved to an internet based application.

DDD requires each provider to have a quality assurance review conducted by DDD or the Council on Quality & Leadership (CQL). The quality assurance reviews endorse

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person-centered outcomes that include reviewing the health, safety and welfare of people as well as their needs and the supports provided to meet their desired outcomes.

The following is a summary of findings and subsequent actions taken within the last year during reviews of adult service providers:

1. 8 providers were cited for not adequately completing monthly monitoring/quarterly observations. Action – All providers are seeking ways to improve monthly monitoring/quarterly observations while some providers have implemented procedures to improve existing processes.
2. 7 providers received recommendations in the area of rights restrictions and restorations plans.
3. 8 providers received deficiencies in the area of meeting reporting timeframes for incident reports. Action – DDD utilizes a statewide internet-based Unusual Incident Reporting database. This database has permitted each provider to submit an incident report during “real” time. The database continues to provide DDD with a system to track and trend abuse and neglect, health, mortality and behavioral data vital to the health and welfare of people receiving services on system-wide and provider-specific levels. Technical assistance was provided to assist the providers in meeting the timeframes for incident reports.
4. 1 provider is on probationary status for failure to maintain an accounting system according to generally accepted accounting principles as required by ARSD. The scope of the probationary status was expanded to include deficiencies seriously affecting the health, safety and welfare of people supported. Action – Plans of correction have been submitted to DDD to address both issues.
5. State of the art education and training for families and direct support professionals remains a challenge in SD, especially rural communities. DDD continues to work with the College of Direct Support (CDS) to provide online training to direct support professionals, families and individuals. Action - Currently all 19 providers are enrolled in the CDS. DDD and providers continue to assess the CDS. DDD meets with providers on a quarterly basis to discuss the use and expansion of CDS. CDS continues to add new courses, such as Functional Assessment. It has been determined that CDS by itself does not meet ARSD. Five providers are currently using CDS as an integral part of their orientation and training for new staff.
6. Currently all 19 providers have received accreditation from CQL. CQL staff provided training regarding personal outcome interviews to DDD staff. This training enables DDD staff to assist providers with establishing reliability and validity of personal outcome interviews conducted with participants. Five of the 11 providers scheduled for CQL accreditation reviews this fiscal year have received a three year of four year accreditation. Most notable from the 2003-

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2006 CQL aggregate data for South Dakota was an increase of over 28% for the outcome “people perform different social roles.” This is accompanied by a 20% increase in supports from 8 ATCs reviewed this year. For ATCs this means that both the outcome and support have exceeded the national averages of accredited organizations for the past three years.

7. DDD recently received results from the National Core Indicators Adult Consumer Survey, Adult Family Survey and Family Guardian Survey. DDDs results for the Adult Consumer Survey indicated slight improvement in most areas, including increased involvement in community activities and residential options. South Dakota’s results indicate that people were happy with their personal life, at a rate significantly higher than the national average. The Adult Family Survey results indicate an overall satisfaction with the provision of services and supports. Families report that providers are responsive to their needs in the areas of access to and delivery of services and supports. They would, however, like more information to make decisions regarding services. The Family Guardian Survey results did not indicate significant gains from 2002. South Dakota’s results in the area of choice and control fell significantly below national averages indicating an opportunity for improvement

Family Support Waiver services are reviewed by the DDD and the Department of Social Services (DSS) for basic Medicaid eligibility, level of care, plan of care and waiver services of all initial waiver applicants. DDD reviews all waiver services on an annual basis to determine compliance with the waiver assurances and ensure the appropriateness of services. This review ensures the health, safety and welfare of the recipients and assesses provider compliance with waiver standards. The process includes a review of individual plans, service coordination documentation, documentation of quarterly reviews of the plans, documentation of noted abuse, neglect and exploitation, and a review of two months of billing documentation.

The DDD also conducts annual family satisfaction interviews. These interviews are conducted in person or by telephone with the families selected to be part of the review sample. The results are documented in an annual report and each family support coordinator provides follow-up with the family as appropriate. An ARSD review of each provider is also completed biennially. Information from the National Core Indicators project’s surveys has been utilized to formulate a continuous plan for improvement of identified target areas.

The following is a summary of findings and subsequent actions taken during the last year related to the Family Support Waiver: One provider did not complete the internal checklist with the participant and family and there was no documentation that the checklist was completed; one provider failed to document the participant’s presence during the completion of ISP and that participant did not sign the ISP completed during the annual review; and one provider incorrectly documented a recreational activity as respite care activity in the ISP. Action – DDD provides bi-annual training to providers to review problem areas and documentation requirements, and share procedures and

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information that will increase each service coordinator's ability to improve services to families.

DDD assures the health and welfare of waiver participants with the Outcomes and Performance Indicators Family Support Working Document (HCBS Quality Framework). This document identifies focus areas, outcomes, and performance indicators. The focus areas include participant safeguards that identify risk and safety planning, critical incident management, natural disasters/public emergencies, and financial safeguards. DDD utilizes an "Internal Checklist" which was derived from the National Core Indicators (NCI) Child Family Survey, which monitors ongoing needs and safety issues annually.

DDD continuously monitors the health and safety of waiver participants and has prioritized improving the process for reporting and monitoring unusual incidents, including alleged abuse, neglect and exploitation. Utilizing an electronic reporting system will enhance DDD's ability to analyze the information which will increase quality services. DDD has developed a technical assistance agreement with the Human Services Research Institute and CMS to support this initiative.

DDD recently received results from the National Core Indicators Child Family Survey. The results indicate that South Dakota families feel that family support provides invaluable supports and assistance in keeping their family together. This prevents the need for the family member to leave their family and home community to receive appropriate services. South Dakota's results are significantly higher than the national average in nearly every area, and are ranked #1 in the survey among the other participating states. South Dakota performed below national averages in only one area, choice and control. DDD has made significant system changes to address this deficit. The revisions to administrative rules enabling the provision of services by independent contractors will support more participant choice of providers. The addition of self-directed options to the family support waiver now affords waiver participants both the employer authority and the budget authority. Implementation of an internet-based ISP supports this authority. This application provides authorized access to participants, providers, support coordinators, qualified providers, families, and the waiver manager to view real time information regarding ISP updates, billing, and utilization. It includes levels of security and authorization, and provides reports to a variety of users.

The Family Support Waiver continues to improve the quality of services delivered to participants. Participants and their families are directing their services and budgets to address changing needs. The Family Support Waiver increased choice of individual and agency providers through the Organized Health Care Delivery System (OHCDs) payment method. OHCDs allows independent contractors to provide services and bill directly to Medicaid. Lastly, the Internal Waiver Review Committee which was developed to encompass the current DHS and DSS waivers with the State Medicaid Agency will be useful to meet waiver assurances and continue system improvement.

The DDD supports 17 local Family Support 360 Programs (13 for children and 4 for adults) and a Statewide Program (does not include service coordination) with Family

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Support Waiver and general funds. The Family Support 360 programs currently serve 863 children and 87 adults.

Other DDD activities include:

1. DDD convened a committee to provide input during significant revisions to the rules governing waiver and non-waiver family support services. The workgroup included representatives from provider agencies, a parent of a child with a disability, a family support coordinator, staff from DSS including a representative of the State Medicaid Agency, SD Advocacy Services, and DHS staff including waiver managers of the Assistance with Daily Living Skills Waiver and the HCBS comprehensive waiver. ARSD changes include the provision of services and direct billing by independent contractors to provide service coordination, personal care, companion care, supported employment, and respite care. The ARSD public hearing and comment period are scheduled for December 2007.
2. DDD was awarded its fourth year of implementation of a 5-year grant to develop a seamless, single-point of entry service delivery model (Family Support 360, Project of National Significance). The primary goal of the PLANS Grant activities is to assist people with developmental disabilities, families and communities to preserve, strengthen and maintain the family unit by supporting individuals with developmental disabilities in communities of their choice. The PLANS coordinators are serving approximately 160 people with developmental disabilities.
3. DDD implemented a new level of participant direction for participants of the Family Support Program through the internet based software known as Consumer Empowerment Services (CES). With the implementation of CES, participants serve as co-employers, hiring, directing and managing the staff that performs tasks for them. Through the online program, participants are able to authorize payment for services rendered and direct plan of care approved waiver expenditures.
4. DHS has implemented a new protocol for review and follow-up of complaints regarding the quality of services and supports. Concerns may be raised by people receiving services, their family members, friends, advocates, the public, other services providers and/or advocacy organizations. Complaints may be submitted in writing, e-mail or verbally. A fact finding phase must be completed within 10 working days of receipt of the complaint and will include a summary of the complaint, a listing of reviewed information, and findings of fact related to the critical issues of the complaint. A DHS supervisor or designee will review the findings and assist DHS staff to formulate conclusions, recommendations and any additional follow up actions. The complaint review report is distributed to appropriate parties and DHS monitors implementation of recommendations and required actions of providers. The IWRC and DHS supervisor or designee will conduct a random sample review of follow up activities.

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5. DDD formed an Internal Waiver Review Committee (IWRC) comprised of the waiver managers (and if appropriate a back up waiver manager) from each of the three DHS waivers (Family Support, HCBS/DD and ADLS), the DSS waiver manager, a designee(s) from DHS Office of Budget and Finance and a designee(s) from the State Medicaid Agency. The IWRC meets quarterly to review and analyze data gathered for the quality management strategy of each respective waiver such as data received from critical incident reports, and to review the amount of time required to review and process an initial Level of Care (LOC) application. The committee meets annually with DDD and Division of Rehabilitation Services directors to summarize findings, make recommendations and plans for system improvement, and issue an annual report for distribution to the public and Department of Social Services. The IWRC may provide recommendations at any time regarding system improvement. During FFY07, the IWRC worked with CMS to identify future DD waiver renewal options such as 1915(b) and OHCDs. It was determined that the OHCDs payment system would provide participants with increased choice regarding agency and individual service providers.
6. SDDC was scheduled to close a dormitory in the Fall 2007 in order to address ongoing staff shortages. As part of this effort, 16-20 people residing at SDDC needed community placements. A new outplacement/waiting list was developed to track people who no longer meet criteria to remain at SDDC or whose community placement is jeopardized. The list also provides data regarding capacity issues for the community and SDDC. DDD has implemented strategies to address capacity issues such as the creation of programs to serve people with aggression and sexual issues; autism; and PICA disorders.
7. A new SDDC Consult and Admissions Manual was developed and disseminated to agencies in April 2007. The consult process has been implemented and used effectively to reduce the number of "emergency" admits to SDDC.
8. A workgroup has been established to provide input to create revisions to the existing outplacement process and to review the current application form and process.
9. The Restraint Reduction Workgroup was established to look at restraints currently utilized in the system and to formulate alternate methods to facilitate restraint reduction. The Workgroup developed specific action steps needed to make the Restraint Reduction Initiative successful in reducing restraints in the system. The Workgroup created definitions that can be used consistently among DHS providers and both the DD and Mental Health facilities. Definitions are being reviewed by DHS Leadership prior to implementation of the initiative.
10. The DDD contracted with Jean Tuller to review existing systems for crisis management and provide recommendations to expand the number and variety of crises supports for people with challenging behaviors. Ms. Tuller recommended a hierarchy of interventions. Level I interventions include providing more

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structure to the SDDC outplacement process, increasing the knowledge and responsibilities of DDD staff to manage potentially critical situations, and the development of a Community Support Network to advise system developments and build community capacity. Recommended Level II activities involve a crises response team and include on-site technical assistance, professional consultation and treatment and direct support intended to keep an individual in their own home and community. Level III services include intensive treatment, training and support to avoid institutional or more restrictive placement and includes temporary out-of-home respite for individuals whose needs cannot be met by Level II services. One crisis-respite care program has been established in Southeastern South Dakota. The Community Support Network has been organized and will be providing technical assistance to agencies in maintaining people in their current settings.

Waiting List

Please report any change in number (from last year to this year) of individuals with developmental disabilities on waiting lists for services.

Waiting List Name	# in State Plan for FFY07-11	Number in FFY07	Number in FFY06
DDD Services	24	***	10
Local Family Support	18	*	*
Statewide Family Support	0	*	*
Respite Care	0	0	0
Guardianship	0	0	0
Public Housing (Section 8)	1,006	**	**

Waiting List narrative:

Please provide a brief narrative explaining any changes.

* Individuals on the Division of Developmental Disabilities' waiting list are individuals who are not receiving services from an adjustment training center. The average length of time an individual is on the waiting list is 90 days. Families requesting Local Family Support services are eligible for the Statewide Family Support program and receive services from that program until there is an opening on a Local program. There are approximately 200 families on Statewide who have indicated they would like to move to a local program when an opening occurs.

** Section 8 and other housing waiting lists are maintained by local public housing authorities (PHAs) and applicants are not tracked by type of disability. In an effort to gather the information requested, the SD Council sent out a voluntary survey of local PHAs for the past several years. Since a different group of PHAs responded to the

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Council's request for information each year, it was determined that this survey was not providing consistent information and was discontinued.

*** This information was not available at the time this report was submitted.

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SECTION III: AREAS OF EMPHASIS AND PERFORMANCE TARGETS

EMPLOYMENT (EM): People with developmental disabilities have a variety of employment options.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES

Project/activity name: Self-Directed Career Enhancement Project

- (i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Volunteers of America - Dakotas
(iii) Beginning date: 10/1/05 Ending date: 09/30/08
(iv) Part B \$: 17,817 Other(s) \$: 5,916
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)

(vi) Primary Type of Activity.

- ☐ Outreach
☐ Training
☐ Technical Assistance
☒ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

Project SCEP was designed to provide an opportunity for self-directed services to people with developmental disabilities. The project seeks to provide necessary support for people to make independent and informed decisions about their lifestyle and employment opportunities. SCEP encourages self determination by allocating funds so the person may purchase the services they feel are necessary to implement their own career plan. Every participant of the program has access to a services broker, who provides them with encouragement, ideas and opportunities. The broker does not make decisions for the person, but assists them in arranging services to facilitate the person's growth and development throughout the creation and implementation of their career plan.

The Project has served three families in this year. The Grant has assisted people with disabilities in a variety of ways; including employment skills training, work readiness training, assistance with completing SSI and other state, federal and legal documents, childcare arrangements, wellness and educational tutoring. In hopes to increase referrals, staff have attended meetings and IEP's, and networked with other providers, families and area groups to discuss the Project and the benefits of self-directed services.

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Project/activity name: SD RehabACTion Conference Fall 2006

- (i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): SD RehabACTion
(iii) Beginning date: 10/1/06 Ending date: 10/30/06
(iv) Part B \$: \$ 2,500 Other(s) \$: \$
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)
(a) - (g) _____

(vi) Primary Type of Activity.

- ☐ Outreach
☒ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

The Fall Conference is held annually each October and provides quality training that is affordable to providers and individuals with disabilities. It is a 3-day event for rehabilitation providers, consumers, employers and parents that offers essential skills for facilitating successful employment. Only a small percentage of the people receiving services from a community-based DD provider are employed in a competitive job and more than half are not paid for any type of work in any environment. Although there has been much progress in the effort to assist people with disabilities to obtain competitive community employment and more options are becoming available to make this happen; we continue to struggle especially in finding meaningful employment for people with the most significant disabilities.

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Project/activity name: Transitional Training Program

- (i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Human Service Agency / ATCO
(iii) Beginning date: 8/1/07 Ending date: 1/31/08
(iv) Part B \$: \$ 3,894.12 Other(s) \$: \$
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)
(a) - (g) _____

(vi) Primary Type of Activity.

- ☐ Outreach
☒ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

The Human Service Agency aka ATCO implemented a Transitional Training Program in August 2007. Prior to this program, ATCO offered training programs for Employment, Vocational and Residential. The need for the Transitional Training Program became evident through the increase in people supported by ATCO who were showing an interest in volunteering within their community. There was also a need for a training curriculum outside of what our Vocational Program was able to provide. These skills were too specific to incorporate into a large training setting. The program has benefited the agency in several ways. First, volunteering in the community has promoted social integration and allowed the person to build a natural support network. Second, it has allowed the person to display their skills to potential employers. By volunteering their time and skills, they are marketing themselves for the possibility of future employment. Being a volunteer has also taught valuable skills in an actual employment setting, which can be added to resumes and applications.

The program is coordinated and administered through the Employment Services department of ATCO. The job developer is working with employers in the community to develop sites to utilize for the program. So far the program has demonstrated that it provides on-site work experiences, promotes community inclusion, creates social capital and provides specified vocational training. The program does not include a paid wage incentive and has more emphasis on transitioning into actual employment not just volunteering.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN EMPLOYMENT: People with developmental disabilities have a variety of employment options.

EM01 Adults have jobs of their choice through Council efforts: 8

EM02 Dollars leveraged for employment programs:

EM03 Employers provided vocational supports to students on the job:

EM04 Businesses/employers employed adults: 9

EM05 Employment programs/policies created/improved: 1

EM06 People facilitated employment: 2

EM07 People trained in employment: 10

EM08 People active in systems advocacy about employment: 5

(Results reported in QA06.)

Breakout number by category:

1) Self -advocates: 2

2) Family members: 2

3) Others: 1

EM09 People trained in systems advocacy about employment:: Total 1

(Results reported in QA07.)

Breakout number by category:

1) Self -advocates:

2) Family members:

3) Others: 1

EM10 Other: People with developmental disabilities are provided information and/or assistance with self-employment

EM11. Other: 1 Updates provided to the Council on employment.

EM12 Other(s): 2,205 People provided information and resources on employment.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN EMPLOYMENT

The Self-Directed Career Enhancement Project worked with two young adults with developmental disabilities who are employed in two different community businesses. These businesses worked with the person to establish a schedule that worked best for both them and the business. Two staff were hired to assist them. Work readiness

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training and employment skills were offered to 3 people. Focus was basic work skills that eventually led to employment; issues that came up with a person who had been working for several months and a person that was about to be fired due to performance issues. Staff attended several advocacy training sessions.

Partners in Policymaking graduates reported the following: 2 self-advocates reported they feel more comfortable and knowledgeable in asking for accommodations for their job; 2 family members have helped their son/daughters to secure meaningful employment; 1 graduate reported she kept her employment due to her Partner training.

As part of a nation-wide effort to renew attention on the Americans with Disabilities Act, the Council supported the Road to Freedom Bus Tour during its stop in Sioux Falls. It was a day long event and received media coverage in print and via television. It included displays on the history of the disability rights movement, information booths, demonstrations of recreational opportunities and a formal program involving city, state and national leaders. A total of 20 entities exhibited information and other available resources. A recreational demonstration of wheelchair basketball was provided by the Junior Sioux Wheelers, VSA artist Rebecca Dodds led a group art experience and the Sioux Falls Pavilion offered a “rockets” activity during the event. Exhibitors included: Fair Housing of the Dakotas, DakotaLink, National MS Society, Minnehaha Sertoma Club, SD Advocacy Services, Prairie Freedom Center for Independent Living, SD Council on Developmental Disabilities, Division of Service to the Blind and Visually Impaired, Division of Rehabilitation Services, Center for Disabilities, CSD, Easter Seals South Dakota, Adaptation Inc., North Central Chapter PVA, Sanford Health, DAV, Washington Pavilion, Junior Sioux Wheelers, SD Coalition of Citizens with Disabilities and the City of Sioux Falls. Approximately 100 people participated throughout the day. One television station with statewide coverage and the Argus Leader newspaper carried coverage of the day’s event. Finally, a South Dakotan was one of the people welcoming the Road to Freedom Tour back to Washington, DC. He also testified about his employment discrimination experience at the committee hearing on the ADA Restoration Act.

The ADA Resource Directory was updated and disseminated throughout this past year. The SD Coalition for Citizens with Disabilities received funds for this project which involved soliciting revisions to the existing resource directory, incorporating those changes and appropriate new information into the document, securing printing and finally dissemination of the directory throughout the state. The Coalition provided 6 training sessions that included the use of the directory. A total of 141 participants attended. Participants included persons with disabilities, family members, medical facility personnel, community rehabilitation program staff, public rehabilitation staff and a host of other community members. Over 1600 copies of the directory were disseminated at conferences, to entities listed in the directory and in response to individual requests.

The Transitional Training Program has worked with 7 individuals to develop “work” sites. Three began volunteering/working at the beginning of September at 3 separate businesses – a motorcycle shop, manufacturing company and a human service

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provider. Additional placements during September included a fireworks stand, Head Start Daycare, convenience store and thrift shop. Although not technically “employed” by these businesses, these individuals are making an impact with these employers that will hopefully lead to employment opportunities.

The Council sponsored participation in a series of teleconferences on Person-Centered Work thru TASH. A Meet-Me Teleconference number was established and shared with community providers and PLANS Workgroup members for this series of 8 teleconferences. Each local site was responsible for the cost of calling this number and a conference operator then connected all South Dakota sites with the TASH presenters. Approximately 40 people participated in one or more of the teleconferences.

The Council continues to work with the Division of Rehabilitation Services, Division of Developmental Disabilities, Sioux Falls Business Leadership Network and community service providers on possible collaborative activities to enhance employment for people with developmental disabilities.

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HOUSING (HO): People with developmental disabilities are provided opportunities and choice for inclusive community living.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: A Guide to Home Ownership for People with Limited
Income in South Dakota

- (i) Implementer: ☒ In house ☐ by contract/grant
- (ii) Grantee/Contractor name (if appropriate):
- (iii) Beginning date: 10/1/05 Ending date: 10/31/08
- (iv) Part B \$: \$ 0 Other(s) \$: 0
- (v) Intermediaries/Collaborators
- ☒ State Protection and Advocacy System
- ☒ University Center(s)
- a) SD Housing Development Authority
- b) Housing & Urban Development, Rural Development Office
- c) SD Coalition of Citizens with Disabilities
- d) Division of Developmental Disabilities
- (vi) Primary Type of Activity.
- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☒ Supporting & Educating Communities
- ☐ Interagency Collaboration & Coordination
- ☐ Coordination with Related Councils, Committees and Programs
- ☐ Barrier Elimination, Systems Design & Redesign
- ☐ Coalition Development & Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

A previous guide to home ownership was revised, printed and disseminated. It is also available on the Council's website. Based on comments received from people who received the revised guide, changes are being made before another reprinting is completed.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN HOUSING: People with developmental disabilities are provided opportunities and choice for inclusive community living.

HO01 Individuals have homes of their choice through Council efforts: _____

HO02 People moved from congregate settings to homes in community: _____

HO03 Dollars leveraged for housing: _____

HO04 Banks made mortgage funds available to enable people to own their own homes: _____

HO05 Housing programs/policies created/improved: _____

HO06 Units of affordable, accessible housing made available: _____

HO07 People facilitated home ownership/rental: _____

HO08 People trained in housing: _____

HO09 People active in systems advocacy about housing: 11

(Results reported in QA06.)

Breakout number by category:

1) Self -advocates: 4

2) Family members: 1

3) Others: 6

HO10 People trained in systems advocacy about housing: _____

(Results reported in QA07.)

Breakout number by category:

3) Self -advocates: _____

4) Family members: _____

3) Others: _____

HO11 Other(s): 900 Number of materials disseminated.

HO12. Other(s): 298 People provided with information and resources on community living.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN HOUSING.

The Housing Workgroup that had been meeting in previous years, has not been meeting. Only a subcommittee of this Workgroup that was interested in the revision of the "Guide to Home Ownership for People with Limited Income in South Dakota"

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continued to meet during FFY07. With the completion of the revisions, the booklet was disseminated and members of the subcommittee have been utilizing the booklet for presentations. The presentations focus not just on the possibilities of home ownership, but focus on people with disabilities living as independently as possible whether that be in an apartment, with a roommate or alone, or looking into purchasing a home of their own. The workgroup continues to gather success stories about low and very-low income individuals owning homes of their own. These stories are shared in newsletters (SD Advocacy Services and SD Coalition of Citizens with Disabilities) and presentations.

Members of the PLANS (People Leading Accessible Networks of Support) Subcommittee on Housing have also utilized the Council's booklet and done presentations. The booklet was also shared at a National Family Support 360 Conference in New Mexico.

Graduates of Partners in Policymaking attended a Continuing Education session on Home Ownership presented by a former graduate and staff from the P&A and Council. In addition, 3 self-advocates have explored home ownership, apartment rental, etc

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1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: Caring for Smiles, Phase I

(viii) Implementer: ☐ In house ☒ by contract/grant

(ix) Grantee/Contractor name (if appropriate): Delta Dental of South Dakota

(x) Beginning date: 10/1/06 Ending date: 9/30/07

(xi) Part B \$ 4,500 Other(s) \$ 9,547

(xii) Intermediaries/Collaborators

a. ☐ State Protection and Advocacy System

b. ☐ University Center(s)

c-g.) _____

(xiii) Primary Type of Activity.

i. ☐ Outreach

ii. ☒ Training

iii. ☐ Technical Assistance

iv. ☐ Supporting & Educating Communities

v. ☐ Interagency Collaboration & Coordination with Related
Councils, Committees and Programs

vi. ☐ Barrier Elimination, Systems Design & Redesign

vii. ☐ Coalition Development & Citizen Participation

viii. ☐ Informing Policymakers

ix. ☐ Demonstration of New Approaches to Services and Supports

x. ☐ Other(s) _____

(xiv) Briefly Describe the Project, Strategy, or Activity.

Caring for Smiles is an ongoing project designed to provide training and tools for caregivers of people with developmental disabilities and high risk elderly patients to enable those caregivers to provide better oral healthcare. Phase I included a 2-day training in October 2006. Day one was primarily for dental professionals who can then train others across the state in addressing oral health care for people with disabilities. Eight people completed the training session and currently make up the network of clinical trainers available to other health care professionals and caregivers. Each individual completing the training received a "tool kit" as well as other educational materials to assist them with training sessions. Day 2 consisted of two-hour training for caregivers, primarily caregivers at community based DD providers and nursing homes. 58 professionals participated in this training.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN HEALTH: People have a range of needed health care services, with a focus on dental and medical services, preventative health care, traumatic brain injury and fetal alcohol spectrum disorders.

HE01 People have needed health services through Council efforts: 1

HE02 Dollars leveraged for health services:

HE03 Health care programs/policies created/improved: 1

HE04 People improved health services:

HE05 People trained in health care services: 93

HE06 People active in systems advocacy on health care: 4

(Results reported in QA06.)

Breakout number by category:

1) Self -advocates:

2) Family members:

3) Others: 4

HE07 People trained in systems advocacy about health care:

(Results reported in QA07.)

Breakout number by category:

1) Self-advocates:

2) Family members:

3) Others:

HE08 Other(s): 650 People reached through prevention and health-related public awareness activities.

HE09. Other(s): 849 People provided information and resources related to health.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN HEALTH.

The Council Director has been active with a sub-committee of the Oral Health Coalition. This sub-committee is planning training for dentists and dental staff and continues to discuss ways to increase the number of dentists who provide care for people with developmental disabilities. Thru the Caring for Smiles grant, 8 trainers are available statewide and 58 health care providers received training on how to teach others how to provide daily oral hygiene care for people with disabilities and the elderly. In addition to the initial training, one additional train-the-trainer workshop was conducted and trained

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85 new dental professionals (primarily dental hygienists). South Dakota Cares (formerly Easter Seals South Dakota) included this topic as part of their mini-caregiver workshops which reached 90 caregivers and professional staff throughout the state. Information on this project has been disseminated to the dental professionals through newsletters from Delta Dental of South Dakota reaching over 650 dental professionals.

The Council was involved with an FASD Case Management Project. Originally, the Council Director was a member of the FASD Consortium on Prevention which was received federal grant funds and operating 3 screening and case management programs (2 with federal grant funds and 1 with state TANF funds). In early 2007, the federal grant funds were caught in budget negotiations and the programs were expected to close their doors with the hope of re-starting in the fall. The Council was approached with a proposal to assist with maintaining the 2 current projects thru September 2007 at which time other funds would be available. This would eliminate the need to let current staff go and then have to re-hire and re-train when funding became available again. During this time period (June – September 2007), the project screened 213 women with approximately 38.5% were identified as “at-risk”. Of the 102 pregnant women screened, 27.5% were identified as “at-risk”. Not all participants who are identified as “at-risk” choose to participate in the case management and training portion of the program. Those participating received 115 hours of support and training with the majority of the time spent on general well-being/self-efficacy. “Motivational Interviewing” is a key component of the case management and training portion of the programs. This communication style increases trust on the part of the participants and the support worker.

The Self-Directed Career Enhancement Program offers assistance to participants to join gyms and learn about physical fitness. Staff assisted with monitoring the health of participants and provided assistance with medical concerns as needed, including support participants to work with their county welfare office for needed medical procedures. The Program provides access and funding for mental health services when needed as well. Staff supported the person to choose a counselor and arrange necessary transportation.

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EDUCATION AND EARLY INTERVENTION (ED): Students reach their educational potential and infants and young children reach their developmental potential.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES

project/activity name: Summer Transition Program

- (i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): Prairie Freedom Center for Independent Living (PFCIL)
(iii) Beginning date: 6/1/07 Ending date: 7/31/07
(iv) Part B \$: \$2,500 Other(s) \$ 7,721
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)

(vi) Primary Type of Activity.

- ☐ Outreach
☒ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

PFCIL conducts a Summer Transition Program annually for 20 youth with disabilities ages 14-21 from the Sioux Falls and surrounding areas. The objectives include setting and meeting goals in the areas of employment, independent living, community participation, adult services and post-secondary education. In the past, the classes were held only 3 days per week but this year an additional day was added to the schedule. Activities include visiting the Career Center to learn about applying for jobs and what employment opportunities are available in the community; learning how to use public transportation with training provided by Sioux Falls Transit; touring Southeastern Behavioral Healthcare to discover what supports are available to adults with disabilities; and visiting Southeastern Technical Institute to learn about post-secondary educational opportunities. Nineteen students with disabilities were educated in and assisted with the transition process from high school to independent living and jobs.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN EDUCATION AND EARLY INTERVENTION: Students reach their educational potential and infants and young children reach their developmental potential.

ED01 Students have the education and support needed to reach their educational goals through Council efforts: 20

ED02 Infants and young children have the services/supports needed to reach developmental goals through Council efforts: 3

ED03 Students transitioned from school to community and jobs: 5

ED04 Children transitioned from early intervention and pre-school to inclusive school/classrooms: _____

ED05 Dollars leveraged for education: _____

ED06 Education programs/policies created/improved: _____

ED07 Post-secondary institutions improved inclusive education: _____

ED08 Schools improved IEP practices: _____

ED09 People facilitated inclusive education: _____

ED10 People trained in inclusive education: _____

ED11 People active in systems advocacy about inclusive education: 1
(Results reported in QA06.)

Breakout number by category:

- 1) Self -advocates: _____
- 2) Family members: 1
- 3) Others: _____

ED12 Parents trained regarding their child's educational rights: _____

ED13 Other(s): 225 People provided information and resources on education and early intervention.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN EDUCATION AND EARLY INTERVENTION.

Staff from the Self-Directed Career Enhancement Program worked with a school district to provide supplemental services. The Project assisted one person to use an advocate when making decisions about their education. This person received weekly tutoring that was important to their future employment opportunities.

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One Partner graduate reported that she assisted her neighbor in accessing services for a pre-school age child using the information she received at Partners regarding HeadStart and Birth to 3 programs.

Through the Summer Transition Program conducted by Prairie Freedom Center, 19 youth ages 14-21 were assisted with the transition process from high school to independent living and jobs. The 3 instructors provided information to students and parents throughout the 6-weeks of classes. 7 businesses/agencies were contacted prior to the class to arrange field trips and offer quality hands-on learning experiences in the community.

Hands in Motion received a small donation from the Council to assist with tuition costs for 3 deaf children to participate in the one-month summer enrichment program. The program is for deaf and hard of hearing preschoolers and kindergarteners. Children who attend have a unique opportunity to interact with their peers.

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CHILD CARE (CH): Children and families benefit from a range of inclusive, flexible child care options.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: _____

- (i) Implementer: ☐ In house ☐ by contract/grant
(ii) Grantee/Contractor name (if appropriate): _____
(iii) Beginning date: _____ Ending date: _____
(iv) Part B \$: _____ Other(s) \$ _____
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)

(vi) Primary Type of Activity.

- ☐ Outreach
☐ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

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COUNCIL RESULTS FOR REPORTING YEAR IN CHILD CARE: Children and families benefit from a range of inclusive, flexible child care options.

- CH01 Children in inclusive child care settings through Council efforts: ____
- CH02 Dollars leveraged for child care programs: ____
- CH03 Child care programs/policies created/improved: ____
- CH04 People facilitated inclusive child care: ____
- CH05 People trained in child care: 1
- CH06 People active in systems advocacy about child care: 20
(Results reported in QA06.)
- 1) Self-advocates ____
 - 2) Family members ____
 - 3) Others 20
- CH07 People trained in systems advocacy about child care: ____
(Results reported in QA07.)
- 1) Self-advocates ____
 - 2) Family members ____
 - 3) Others ____
- CH08. Other(s): 2 Number of updates provided to Council on childcare.
- CH09. Other(s): 50 People provided information and resources on childcare.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN CHILD CARE.

Although the Council does not currently have any projects in the area of childcare, the Council is aware of the concerns of many parents with children with developmental disabilities regarding quality childcare for children of all ages.

As a Resource Member of the SD Alliance for Children the Council remains informed of the initiatives and activities in this area and also provides a disability perspective for the group. There are 20+ member organizations and 15+ resource members. The group meets quarterly and is committed to creating a seamless, high-quality child care and early education system that is supported by policymakers and the public and is accessible and affordable to all families.” During this past year, the group has remained active in the discussion of Public Pre-Kindergarten and legislation for administrative rules for pre-K programs and mandatory registration for childcare providers who have 6 or more children. Although neither piece of legislation passed during 2007, both remain issues that will be discussed during future legislative sessions.

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The Self-Directed Career Enhancement Program provided assistance to one person who was getting custody of their young son. Assistance was provided in the areas of locating daycares that were close to home and would provide evening care; what to look for when interviewing childcare providers; discussing parenting issues; and assisting them to register for the Mentor Mom program.

RECREATION: People benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities.

project/activity name: Learning to Share Our Stories & Creative Writing

- (vi) Primary Type of Activity.

- (vi) Briefly Describe the Project, Strategy, or Activity.

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- project/activity name: Community Recreation & Fitness Program
- (vii) Implementer: ☐ In house ☒ by contract/grant
- (viii) Grantee/Contractor name (if appropriate): Aberdeen School District
- (ix) Beginning date: 9/5/06 Ending date: 5/31/07
- (x) Part B \$ 2,000 Other(s) \$ 2,850
- (xi) Intermediaries/Collaborators
- i. ☐ State Protection and Advocacy System
- ii. ☐ University Center(s)

(vi) Primary Type of Activity.

- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☒ Supporting & Educating Communities
- ☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
- ☐ Barrier Elimination, Systems Design & Redesign
- ☐ Coalition Development & Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

This mini-grant provided elementary and secondary children with special needs the opportunity to participate in recreational and fitness activities that they would otherwise be unable to access either thru providing support in established programs and/or providing alternative programs. The expected outcome of this project is the improvement of children with developmental disabilities recreational opportunities and skills.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN RECREATION: People benefit from inclusive recreational, leisure, and social activities consistent with their interests and abilities.

RE01 People active in recreational activities through Council efforts: 107

RE02 Dollars leveraged for recreation: _____

RE03 Recreation programs/policies created/improved: _____

RE04 People facilitated recreation: 20

RE05 People trained in recreation: _____

RE06 People active in systems advocacy about recreation: _____
(Results reported in QA06.)

Breakout number by category:

- 1) Self -advocates: _____
- 2) Family members: _____
- 3) Others: _____

RE07 People trained in systems advocacy about recreation: _____
(Results reported in QA07.)

Breakout number by category:

- 1) Self-advocates: _____
- 2) Family members: _____
- 3) Others _____

RE08 Other(s): 78 : People provided information and resources on recreation.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN RECREATION.

The Self-Directed Career Enhancement Program assisted one participant to join a wellness program. Staff also assisted the individual in meeting with the wellness center to discuss needs and physical limitations.

Graduates of Partners in Policymaking attended a Continuing Education session on Tai Chi, stretching and self-defense and child abduction prevention.

Thru the Learning to Share our Stories project, the participants began to look at reading and writing as a recreational or leisure activity. Some of the New Readers are looking at starting a reading discussion group. The stories were compiled into a 45-page booklet which was printed in September. Several additional stories were received after the deadline and will be incorporated into a future printing of the book. A book signing was planned for October.

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The 10th Annual Free Family Autism Camp was hosted by Ron and Ranae Larsen at their farm near Lake Preston, SD in July. Approximately 75-100 adults participated in the activities over the weekend – 21 families and 1 adult DD provider were in attendance. 43 youth were supervised by 6 college students from SDSU and Lake Area Tech plus other siblings and adults with 23 of them being diagnosed on the autism spectrum or other disability and 20 of them being siblings. Ages ranged from 4-21. 35 parents and grandparents were in attendance at all 3 presentation sessions. Friday evening also included 6 additional parents and a college professor working with special education teacher preparation. Saturday morning included DakotaLink staff (assistive technology project). Saturday afternoon included representatives from Career Advantage (employment program for people with disabilities), Children's Care Hospital & School Behavioral Director, SD Coalition for Citizens with Disabilities, doctoral student from the Beach Center for Disabilities at Kansas University. Overall, 11 presenters offered information of interest to parents. Topics included IDEA regulation changes and parent experiences thru Partners in the Process, SD Parent Connection's Navigator training and outreach, independent living, picture system on CD, assistive technology, adult services, transition plans and behavioral interventions using Applied Behavioral Analysis. Families are surveyed when they arrive and all returned responses were favorable. New friendships happen each year and a new Family Support Group was started in the Aberdeen area by Camp attendees.

The Aberdeen School District worked cooperatively with the Aberdeen Swim Club, Aberdeen Parks and Recreation Department and the Afterschool Gym program to provide recreation opportunities for approximately 38 children. Increased social opportunities have been an added benefit for several of the participants. For example: 3 boys from different schools have become social supports for each other that has extended beyond the program and has led to additional leisure activity ability. 2 girls (one with autism) have had the opportunity to spend time with each other outside the program. On the Assessment of Participation Ability in Community Recreational Activities checklist that was completed following the end of the program, the following results were noted: a majority of the children were able to independently handle the locker room and dressing; one-half of the children improved in the ability to attend to and follow group activities; all the children improved their ability to demonstrate appropriate behaviors in a community setting; and all of the children improved in their ability to socialize appropriately with other friends in the program and with non-disabled peers who participated in peer models.

The Brookings Area Camp Adventure received a Mini-grant from the Council to support its 2007 activities. 11 campers ages 6-11 and 8 campers ages 12-20. The campers were involved in many entertaining recreational experiences, and benefited from positive relationship made with staff and fellow campers. They learned to be patient and tolerant of one another and were made to feel special and cared for by the group. Having recreation experiences away from their family and with a group of peers was a new experience for some and helped to foster independence and self-confidence.

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TRANSPORTATION: People have transportation services for work, school, medical, and personal needs.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: _____

- (i) Implementer: ☐ In house ☐ by contract/grant
(ii) Grantee/Contractor name (if appropriate): _____
(iii) Beginning date: _____ Ending date: _____
(iv) Part B \$: _____ Other(s) \$ _____
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☐ University Center(s)
(a) – (g) _____

- (vi) Primary Type of Activity.
☐ Outreach
☐ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

- (vii) Briefly Describe the Project, Strategy, or Activity.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN TRANSPORTATION: People have transportation services for work, school, medical, and personal needs.

TR01 People have transportation services through Council efforts: 2

TR02 Dollars leveraged for transportation: _____

TR03 Transportation programs/policies created/improved: _____

TR04 People facilitated transportation: _____

TR05 People trained in transportation: 2

TR06 People active in systems advocacy about transportation: 7
(Results reported in QA06.)

Breakout number by category:

- 1) Self -advocates: 2
- 2) Family members: _____
- 3) Others: 5

TR07 People trained in systems advocacy about transportation: _____
(Results reported in QA07.)

Breakout number by category:

- 1) Self -advocates: _____
- 2) Family members: _____
- 3) Others: _____

TR08 Other 3 Updates provided to Council on Transportation.

TR09 Other _____ People provided information and resources on transportation.

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN TRANSPORTATION.

The Council received an update on South Dakota's United We Ride activities and will continue to be updated on these and other activities related to transportation.

Staff from the Self-Directed Career Enhancement Program provided assistance with transportation for one participant when there were conflicts between school schedules and bus route schedules, thus enabling the person to maintain their employment. 2 participants received bus transportation training and assistance with obtaining a driver's license. Staff support participants to use public transportation; assists families to apply for Paratransit if appropriate; support participants to determine the most efficient bus routes and bus training.

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The Council is looking forward to seeing results from the Local Action Teams formed thru the Mobilizing for Self-Advocacy Grant. Three of the local teams have selected transportation as their activity.

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QUALITY ASSURANCE: People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: Partners in Policymaking

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): SD Advocacy Services
- (iii) Beginning date: 10/1/92 Ending date: 9/30/2007
- (iv) Part B \$ 108,000 Other(s) \$ 37,000
- (v) Intermediaries/Collaborators
 - ☒ State Protection and Advocacy System
 - ☒ University Center(s)
 - (a) SD Parent Connection
 - (b) Children's Care Hospital & School
 - (c) Protection & Advocacy for Mentally Ill
 - (d) Protection & Advocacy for Developmental Disabilities
 - (e) Protection & Advocacy for Individual Rights
 - (f) Protection & Advocacy for Traumatic Brain Injury
- (vi) Primary Type of Activity.
 - ☐ Outreach
 - ☒ Training
 - ☐ Technical Assistance
 - ☐ Supporting & Educating Communities
 - ☐ Interagency Collaboration & Coordination with Related Councils, Committees and Programs
 - ☐ Barrier Elimination, Systems Design & Redesign
 - ☐ Coalition Development & Citizen Participation
 - ☐ Informing Policymakers
 - ☐ Demonstration of New Approaches to Services and Supports
 - ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

Partners in Policymaking is an innovative leadership and advocacy training opportunity designed to involve and empower people with developmental disabilities, parents of children with disabilities, and other family members. It requires a serious commitment by each participant during the course of the training, as well as after graduation. The expectation is that each Partner will commit to actively use the skills learned to encourage positive changes in the areas of community awareness, sensitivity, accessibility, and inclusion for all people with disabilities. A typical class consists of 25-27 participants who are selected through an application/selection process. Partners attend six two-day training sessions from November through April. At each session,

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experts in disability and advocacy fields present information and interact with participants. Partners have the opportunity to work on communication skills, assertiveness, decision-making skills, legislative testimonial presentation skills, and group activities. Partners must complete homework assignments every month. Participants in each class must submit an application for the training and then a selection committee of graduates of Partners, get together to discuss the applications and select the class. Each year 50-60 applications are received.

Each year in April, Partners in Policymaking invites all graduates to attend a one-day session of continuing education. The curriculum is designed to cover topics to help keep everyone abreast of current issues, laws and policies and to refresh their self-advocacy skills.

Several press releases are sent out regarding the training, including but not limited to: recruitment, selection, graduation, etc. These are sent to all newspapers, radio and television stations in South Dakota. Each year from May to September, the coordinator of the program spends time on the road going to various cities to promote Partners in Policymaking and recruit for the next class. Each year anywhere from 25-30 presentations are given about Partners in Policymaking. Graduates of the training assist in this recruiting effort and help to give the presentations. Over 500 people attended 29 trainings and there were 4,435 pieces of information disseminated regarding Partners in Policymaking.

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project/activity name: Youth Leadership Forum 2007

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): Transition Services Liaison Project / Black Hills Special Services Cooperative
- (iii) Beginning date: 1/1/07 Ending date: 9/30/07
- (iv) Part B \$ 10,000 Other(s) \$ 8,275
- (v) Intermediaries/Collaborators
 - ☒ State Protection and Advocacy System
 - ☒ University Center(s)
 - (a) Board of Vocational Rehabilitation
 - (b) Department of Human Services
 - (c) Department of Education/Special Education Programs
- (vi) Primary Type of Activity.
 - ☐ Outreach
 - ☒ Training
 - ☐ Technical Assistance
 - ☐ Supporting & Educating Communities
 - ☐ Interagency Collaboration & Coordination with Related Councils, Committees and Programs
 - ☐ Barrier Elimination, Systems Design & Redesign
 - ☐ Coalition Development & Citizen Participation
 - ☐ Informing Policymakers
 - ☐ Demonstration of New Approaches to Services and Supports
 - ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

The 9th Annual SD Youth Leadership Forum was held June 4-7, 2007. It was a cooperative effort of many agencies, directed by a core-planning group consisting of 12 members known as the Steering Committee. This committee includes representation from the disability community, service providers, advocates, educators and consumers.

The overall goal of the forum is to promote the employment of persons with disabilities more effectively by inspiring and preparing young people with disabilities to overcome the barriers to employment and social participation. This is evaluated through follow-up on student delegates and team leaders through an informal process with the Transition Services Liaison Project. This year the follow-up was completed through a regional meeting.

YLF is an educational and motivational forum, which involves an intense schedule of training and hands-on activities as individuals and teams. The YLF is committed to empowering students with disabilities to grow personally, socially, and academically and to fulfill their potential in their choice of career. It is critical that as people with disabilities grow into adulthood they learn to identify themselves with pride as individuals and as members of the community. YLF allows young people to learn from their peers as well as more seasoned mentors and professionals with disabilities in our state.

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Student delegates were chosen through a statewide competition that seeks students with disabilities who have leadership potential. Each applicant submitted a standard form, an essay, and letters of recommendation. Applications were reviewed and a face-to-face interview was conducted with each applicant. Students selected were representative of the state in terms of geography, gender, economic status, ethnicity, and type of disability. This forum consisted of 31 student delegates, 4 team leaders, 4 mentors, 1 master of ceremonies, 1 staff coordinator, 1 staff assistant, and 2 full-time head nurses.

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project/activity name: Assistance to People with Developmental Disabilities & Their Families to Attend Training Sessions

- (i) Implementer: ☒ In house ☐ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): _____
- (iii) Beginning date: 10/1/06 Ending date: 9/30/07
- (iv) Part B \$_____ Other(s) \$_____
- (v) Intermediaries/Collaborators
 - ☐ State Protection and Advocacy System
 - ☐ University Center(s)
- (vi) Primary Type of Activity.
 - ☐ Outreach
 - ☐ Training
 - ☐ Technical Assistance
 - ☒ Supporting & Educating Communities
 - ☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
 - ☐ Barrier Elimination, Systems Design & Redesign
 - ☐ Coalition Development & Citizen Participation
 - ☐ Informing Policymakers
 - ☐ Demonstration of New Approaches to Services and Supports
 - ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

Each year the Council sets aside funds to assist people with developmental disabilities and their family members to attend in-state and out-of-state training sessions. The Council believes that the more knowledgeable people with developmental disabilities and family members become the better advocates they will be for themselves and others. People with developmental disabilities and their family members can apply for assistance to attend in-state and out-of-state conferences and workshops. The Council also set-aside funds for requests in the areas of: Recreation and Self-Advocacy workshops.

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project/activity name: The Movement of Self-Directed Systems

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): Jean Tuller, Consultant / SD Assn of Community Based Services / community agencies
- (iii) Beginning date: 5/1/06 Ending date: 9/30/09
- (iv) Part B \$ \$81,000 Other(s) \$
- (v) Intermediaries/Collaborators
- ☒ State Protection and Advocacy System
 - ☒ University Center(s)
 - ☒ Division of Developmental Disabilities
 - ☒ Community Based DD Service Providers
- (vi) Primary Type of Activity.
- ☐ Outreach
 - ☐ Training
 - ☐ Technical Assistance
 - ☐ Supporting & Educating Communities
 - ☐ Interagency Collaboration & Coordination with Related Councils, Committees and Programs
 - ☒ Barrier Elimination, Systems Design & Redesign
 - ☐ Coalition Development & Citizen Participation
 - ☐ Informing Policymakers
 - ☐ Demonstration of New Approaches to Services and Supports
 - ☐ Other(s)

(vii) Briefly Describe the Project, Strategy, or Activity.

A Core Stakeholder Workgroup was formed and meeting in conjunction with the PLANS Workgroup. The Core Stakeholder Workgroup discussed the need for a number of activities with the goal of providing people and their families with more choice and control of services. These activities were outside the relevance of the PLANS grant so the SD Association of Community Based Services and the Division of Developmental Disabilities submitted a proposal to the DD Council for a systems change grant.

There are 3 focus areas within the grant: 1) independent service coordination; 2) fiscal/employer agent services; and 3) Good to Great (person-centered thinking).

The Core Stakeholders Workgroup includes family members, people with disabilities, Division of Developmental Disabilities, SD Association of Community Based Services, community based DD service providers, SD Advocacy Services, Center for Disabilities, Office of Special Education, Division of Rehabilitation Services, Division of Mental Health, and PLANS Workgroup members. Jean Tuller, Oregon Technical Assistance Corporation facilitates these meetings.

Independent Service Coordination is a pilot project that will provide information regarding how to provide choice of service coordinators within our current service delivery system and determine how much this will cost and apply this information to

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current service based rate structure. Currently 5 individuals who receive HCBS from community based DD providers have interviewed and selected a pilot service coordinator. Each pilot service coordinator will begin services by coordinating the development of a new individualized service plan. A new format for the individualized service plan was developed to provide consistency. This new plan uses person-centered thinking skills and tools to provide a more positive and individualized approach to establishing goals and supports.

Good to Great training by Michael Smull and associates continues with 3 agencies participating – LifeQuest, Northern Hills Training Center and ECCO. The person centered thinking training is becoming part of each agency's daily routine. Training is also occurring to train trainers within South Dakota so we have the ability to train more people at a reduced cost.

The Agency with Choice model is in operation. An agency with choice model is a co-employment arrangement between an Organized Health Care Delivery System (OHCDs) provider or independent contractor and a participant in which the OHCDs or independent contractor is the employer of record and the participant is the managing employer. The participant and the participant's family may participate in the recruitment, interviewing, selection, training and supervising of employees who will be providing the service. The OHCDs or independent contractor does the actual hiring. An agency with choice model is limited to the following waiver services: participant-directed personal care, companion care, respite care or supported employment.

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project/activity name: Mobilizing for Self-Advocacy in South Dakota

- (i) Implementer: ☐ In house ☒ by contract/grant
- (ii) Grantee/Contractor name (if appropriate): Human Services Research Institute
- (iii) Beginning date: 2/1/05 Ending date: 12/31/08
- (iv) Part B \$ 50,000 Other(s) \$ _____
- (v) Intermediaries/Collaborators
- ☐ State Protection and Advocacy System
- ☐ University Center(s)
- (vi) Primary Type of Activity.
- ☐ Outreach
- ☒ Training
- ☐ Technical Assistance
- ☐ Supporting & Educating Communities
- ☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
- ☐ Barrier Elimination, Systems Design & Redesign
- ☐ Coalition Development & Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

Strong leadership is a critical element of the self-advocacy movement. During Year 1, leadership team members were from Watertown, Rapid City and Spearfish. In Year 2, a team was added from Sioux Falls. 6 self-advocate leaders have been sharpening their leadership skills by developing and implementing action projects in their local communities. The project is also facilitating the development of a state plan to implement an organized self-advocacy network in South Dakota.

All self-advocate leaders and advisors attended a training facilitated by the Human Services Research Institute (HSRI) in May 2007. During this training, self-advocates were presented a process whereby they could identify local issues that their group wanted to resolve and the method of planning a project. After the training the teams went back to their communities and developed action plans to resolve particular issues. Three sites chose transportation and the Sioux Falls team chose employment as their issue. Each local team meets on a monthly basis.

Local Action Projects

Rapid City – To have Rapid Ride run on Saturdays and Sundays. This team is in the process of exploring ways to involve others in their community such as seniors, college students and others who would benefit from this service.

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Sioux Falls – More jobs in the community for people with developmental disabilities. This group has formed a peer support group to facilitate community employment for its members and others in their community.

Spearfish – The action team in this site is making an effort to increase ridership on their transit system so that the transportation hours are not reduced as a result of limited ridership. They have identified 3 self-advocates who are transportation buddies and help other self-advocates learn how to ride the bus.

Watertown – This team looked at changing the public transportation system but were experiencing many barriers due to budget cuts. After brainstorming, they identified other options of which one was to help some individuals get their driver's license so they can get around independently. They are looking for ways to fund this project.

State Plan – In May and June, HSRI facilitated two teleconferences – one on self-advocacy and the other on South Dakota's service system. The first presentation was made by Julie Petty and the presentation on the service system was made by Wanda Seiler. Once self-advocate leaders gathered this information, HSRI facilitated a two-day meeting to develop a statewide plan for a self-advocacy network. Presently the teams are in the process of facilitating consensus forums in their communities.

HSRI also conducted a teleconference on Effective Advising in Self-Advocacy Organizations which was attended by both the self-advocate leaders and their advisors. This was important as advisors are critical to effective self-advocacy organizations.

The PLANS Workgroup sub-committee on Transportation includes 7 people who met quarterly and identified a number of resources for people with disabilities related to Transportation. These resources are located on the PLANS Family Support 360 website: <http://dhs.sd.gov/dd/advisoryworkgroup.aspx>.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN QUALITY ASSURANCE:

People have the information, skills, opportunities, and supports to live free of abuse, neglect, financial and sexual exploitation, and violations of their human and legal rights, and the inappropriate use of restraints or seclusion. Quality assurance systems contribute to and protect self-determination, independence, productivity, and integration and inclusion in all facets of community life.

QA01 People benefiting from quality assurance efforts of the Council: 447

QA02 Dollars leveraged for quality assurance programs:

QA03 Quality assurance programs/policies created/improved: 2

QA04 People facilitated quality assurance: 36

QA05 People trained in quality assurance: 42

QA06 People active in systems advocacy about quality assurance: 122

(Results reported in QA06.)

Breakout number by category:

1) Self -advocates: 59

2) Family members: 7

3) Others: 56

QA07 People trained in systems advocacy about quality assurance: 145

(Results reported in QA07.)

Breakout number by category:

1) Self -advocates: 51

2) Family members: 77

3) Others: 17

QA08 People trained in leadership, self-advocacy and self-determination: 37

QA09 People attained membership on public and private bodies and other leadership coalitions: 5

QA10 Number of entities participating in partnerships or coalitions created or sustained as a result of Councils efforts:

QA11 Number of people with DD and their families who received assistance to attend workshops and conferences 59

QA12. Other(s): 735 People provided information and resources on quality assurance.

3. Self-Advocacy

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A. Is there a self-advocacy organization(s) in the state led by individuals with developmental disabilities that receives direct funding from a private or public source?
Yes _____ No X

B. Does the Council directly or indirectly fund a self-advocacy organization in the state led by individuals with developmental disabilities? Yes X No _____

If yes, amount of funding Council contributes \$ \$50,000

C. Dollars leveraged for self-advocacy organization(s) in the state led by individuals with developmental disabilities. \$ _____

4. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN QUALITY ASSURANCE.

Youth Leadership Forum (YLF) 2007 was attended by 31 high school students. The overall goals were disability history and culture, employment and community participation. These goals were emphasized by including one mentor linked to each team, each of whom had a direct professional link to employment resources. YLF also included half a day of community volunteerism, which provided a dual hands-on educational opportunity for the delegates as well as the community service entities that were served. The 5 community service activities included Sioux Falls Food Pantry, VA Hospital, Center for Active Generations, Great Plains Zoo and Sioux Falls Good Will.

There were 27 individuals in the Partners in Policymaking Class of 2007. Partners participants receive training in systems advocacy in the areas of employment, education, health, transportation, rights, and community supports. Continuing Education sessions included the adult service delivery system, public speaking, housing, recreation, health and music therapy. Graduates of Partners in Policymaking are surveyed annually and continue to show active participation in activities to help improve services. Several of the graduates serve on state and local boards/committees and councils to help make the policy that affects their lives and the lives of their family members. Partner graduates serve on the Family Support Council, SD Advisory Council for Children with Disabilities, State DD Council, the PADD Advisory Council, Governing Board of South Dakota Advocacy Services, school boards, mayor's committees, etc. These individuals are helping to assure all individuals are treated equally with dignity and respect.

The Council is currently involved with the Division of Developmental Disabilities and the SD Association of Community Based Services as together they work towards more choice and self-direction by people with developmental disabilities receiving services. This includes the Independent Service Coordination pilot program, Good to Great activities, and agency with choice options. 3 agencies have 41 staff who have been receiving core training and then taking that training and information back to their agencies for agency-specific training and planning related to the Good to Great person-centered thinking skills and tools. In addition, 4 trainers are in the process of becoming

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certified trainers for the Good to Great tools/skills. Person-centered training and information have been provided to approximately 735 people that includes the Pathways group, people supported, community-based provider staff, Division of Developmental Disabilities staff, family support and PLANS coordinators and SD Developmental Center staff. Agency with choice has been implemented for people receiving waiver services for respite care, companion care, personal care and supported employment. 441 families or individuals are currently co-employers of their direct service providers. 512 employees are providing direct services being reimbursed thru the system. Consumer Empowerment Services (CES) is providing a new level of self-direction to participants of the Family Support 360 program. Participants serve as co-employers – hiring, directing and managing the staff that perform tasks for them. CES is a web-based tool that enables participants to direct their own services by exercising their right to budget authority, plans of care and payment of providers. Independent service coordination is being provided by 2 pilot agencies with 7 service coordinators participating. To date, 5 people have selected an independent service coordinator to assist them in planning and reaching their goals.

In the area of Self-Advocacy, the Council has been supporting the Mobilizing for Self-Advocacy in South Dakota grant. Through this project, 6 self-advocates have been trained to lead self-advocacy efforts. 40 self-advocates are participating in local action projects in 4 sites. 4 professionals are being trained to be advisors of the self-advocacy network. And 2 self-advocates have been appointed to their local Mayor's committee.

The Self-Directed Career Enhancement Program assisted one participant to find a counselor they were comfortable with to discuss possible issues of abuse regarding the person living with them. The participant and staff had opportunities to discuss topics that included abuse and neglect, financial issues and rights.

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FORMAL & INFORMAL COMMUNITY SUPPORTS (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: In-Service Training for ATC Staff

(i) Implementer: ☐ In house ☒ by contract/grant

(ii) Grantee/Contractor name (if appropriate): SD Association of Community
Based Services

(iii) Beginning date: 4/1/07 Ending date: 3/31/08

(iv) Part B \$ 9,420 Other(s) \$ _____

(v) Intermediaries/Collaborators

☐ State Protection and Advocacy System

☐ University Center(s)

(vi) Primary Type of Activity.

☐ Outreach

☒ Training

☐ Technical Assistance

☐ Supporting & Educating Communities

☐ Interagency Collaboration & Coordination

with Related Councils, Committees and Programs

☐ Barrier Elimination, Systems Design & Redesign

☐ Coalition Development & Citizen Participation

☐ Informing Policymakers

☐ Demonstration of New Approaches to Services and Supports

☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

This project provides ongoing state-of-the-art training based on an annual needs assessment of staff. Project oversight is done by the Parallel Group which includes all 19 community provider agencies, SD Developmental Center and the Division of DD. Training is provided at a minimal cost to agency staff and at no cost to parents/family members and people with disabilities. A statewide survey of priority training needs is conducted annually and determines the topics selected for training.

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project/activity name: College of Direct Support

(i) Implementer: ☐ In house ☒ by contract/grant

(ii) Grantee/Contractor name (if appropriate): SD Association of
Community Based Services

(iii) Beginning date: 1/1/04 Ending date: 12/31/07

(iv) Part B \$ 86,283 Other(s) \$ 59,100

(v) Intermediaries/Collaborators

☐ State Protection and Advocacy System

☒ University Center(s)

a) Division of Developmental Disabilities

b) SD Developmental Center

(vi) Primary Type of Activity.

☐ Outreach

☒ Training

☐ Technical Assistance

☐ Supporting & Educating Communities

☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs

☐ Barrier Elimination, Systems Design & Redesign

☐ Coalition Development & Citizen Participation

☐ Informing Policymakers

☐ Demonstration of New Approaches to Services and Supports

☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

This project period involves the second half of the Project's third year and first half of the fourth year. The project is designed to implement *The College of Direct Support* on-line training curriculum throughout the South Dakota developmental disabilities services and support network as well as making it available to the widest possible audience of parents/consumers. As of Sept. 30, 2007, all 19 community adjustment training centers, the South Dakota Developmental Center, and the PLANS project are continuing to participate in *The College of Direct Support*. As of this date, there were 2,990 learners taking courses from this online training source. Total lessons assigned as of this date were 68,532 with 28,385 lessons being completed. Included in the total learners were: 61 people being supported; 19 family members / guardians; 8 Dakota State University students; 1 consultant Speech Pathologist; 7 USD Center for Disabilities Dietary Interns; 5 USD Center for Disabilities Leadership and Education in Neurodevelopmental Disorders (LEND) trainees; 12 Elk Point-Jefferson School District staff; and 8 Center for Disabilities support staff.

The project continues to be monitored by a "Local Agency Administrator" group led by the State-wide College Administrator who is housed in the Center for Disabilities at the University of South Dakota. This Project Workgroup numbers 23 individuals and includes representation from the State Division of Developmental Disabilities

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and the Project Director from the South Dakota Association of Community Based Services.

As can be seen by the number of learners (other than staff of provider agencies) enrolled in *The College of Direct Support*, the project is achieving significant success in making this training resource available to consumers, family members, public school systems; and University faculty and students. Expanded use of *The College of Frontline Supervision* and the on-the-job training aspects of this training resource are also being made during this reporting period. Efforts are also underway to better coordinate *The College of Direct Support* with aspects of the Council on Quality & Leadership (CQL) in their monitoring and accreditation process.

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project/activity name: PLANS (People Leading Accessible Networks of Support) –
South Dakota's Family Support 360 Project of National Significance

- (i) Implementer: ☒ In house ☐ by contract/grant
- (ii) Grantee/Contractor name (if appropriate):
- (iii) Beginning date: 4/1/05 Ending date: 9/30/09
- (iv) Part B \$ _____ Other(s) \$ 230,000
- (v) Intermediaries/Collaborators
- ☐ State Protection and Advocacy System
- ☐ University Center(s)
- a) Division of Developmental Disabilities
- b) Black Hills Special Services Cooperative
- (vi) Primary Type of Activity.
- ☐ Outreach
- ☐ Training
- ☐ Technical Assistance
- ☐ Supporting & Educating Communities
- ☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
- ☒ Barrier Elimination, Systems Design & Redesign
- ☐ Coalition Development & Citizen Participation
- ☐ Informing Policymakers
- ☐ Demonstration of New Approaches to Services and Supports
- ☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

Council staff and members are part of the Workgroup for the PLANS (People Leading Accessible Networks of Support) Family Support 360 implementation grant. The primary goal is to pilot a One-Stop Center to provide a seamless, single-point of entry service delivery model that will assist families and communities in supporting people with developmental disabilities and their families.

The PLANS Workgroup is made up of 21 people with disabilities, family representatives, and public and private agencies directly involved in the assessment, planning, and development of the Family Support 360 Planning Grant. The Project utilizes the highly effective model of South Dakota's Family Support Program to offer adults with disabilities who choose to access services and supports while remaining in their home community. Due to the rural nature of South Dakota, the Project provides a One-Stop Center to access a myriad of services but also a Coordinator who travels to the families to provide in-depth planning for services and supports.

Recent activities include:

- Continuation of local programs in Milbank, Sioux Falls and Rapid City and the expansion of another program in Southeastern South Dakota.
- Services are provided to families based on their unique needs, however an emphasis was placed on service coordination, respite care, personal care, special

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medical and adaptive equipment and supplies, companion care, employment services, environmental adaptations and nutritional supplements.

- As of September 30, 2007, there were 141 families served by PLANS and 29 additional referrals pending eligibility.

- Project staff provide families with information about opportunities for training. This includes recommending courses from the College of Direct Support. As the Project moves forward with adding services, additional training needs are likely to surface.

- The PLANS Coordinators assist each family to access and purchase needed services and supports based on their specific needs. Some families may need hands-on intensive assistance with this process but others may want more independence. Again, it is based on the family's needs and preferences. The PLANS Coordinators work with the families to utilize natural supports and existing resources whenever possible.

- Project staff collaborated with the DD Council, Center for Disabilities and community provider organizations to offer Person-Centered Thinking training in August 2007. In total, 78 providers, family members, and Family Support Coordinators attended the training. The training encompassed person-centered thinking skills tool which are utilized to assist people in creating plans with meaningful goals and accessing necessary services and supports.

- Project staff collaborated with the DD Council to offer a series of teleconference presentations on person-centered work. These calls were presented by TASH and offered at locations throughout South Dakota.

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2. COUNCIL RESULTS FOR REPORTING YEAR IN FORMAL/INFORMAL COMMUNITY SUPPORTS (CS): Individuals have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

CS01 People receive formal/informal community supports through Council efforts: 8

CS02 Dollars leveraged for formal/informal community supports: 59,100

CS03 Formal/informal community supports programs/policies created/improved: 2

CS04 People facilitated formal/informal community supports: 20

CS05 People trained in formal/informal community supports:

CS06 People active in systems advocacy about formal/informal community supports: 24 (Results reported in QA06.)

Breakout number by category:

1) Self -advocates: 5

2) Family members: 3

3) Others: 16

CS07 People trained in systems advocacy about formal/informal community supports: (Results reported in QA07.)

Breakout number by category:

1) Self-advocates:

2) Family members:

3) Others

CS08 Buildings/public accommodations became accessible:

CS09 Other - Number of new learners using the College of Direct Support 366

Total number of learners using the College of Direct Support 2,990

CS10 Other -People provided information and resources related to community supports. 1,667

CS11 Other - Number of people with DD estimated to benefit from community support activities supported by the Council: 3,141

3. NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN FORMAL/INFORMAL COMMUNITY SUPPORTS.

Council activities in the area of Community Supports focused on training and development of materials and resources for people with developmental disabilities and

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their families and direct support professionals. Community inclusion and community supports are emphasized throughout the Council's projects.

In-Service Training for ATC grant continues to provide needed training for direct support professionals across the state. Members of the Parallel Group disseminate and tally an annual needs assessment and determine the topics and speakers for the training opportunities provided through the grant. This year's topics were "Aging and Dementia", "Community Building: The Importance of Meaningful Relationships", "Developing Natural Supports at the Worksite", and "Using Outcomes to Drive Support". All of this training has a direct impact on the total DD Support Network that serves over 2,800 individuals. Many more staff are impacted by the training received by the individuals that attend the training sessions as most return to their agencies and provide a follow-up session for staff unable to attend.

College of Direct Support (CDS) – The 3,000 individuals being supported by the State's developmental disabilities network are all being impacted by an improvement in the quality of supports provided (i.e.: as staff are better training, the quality of supports are improved). This improvement is occurring through the training of 2,990 learners (staff, consumers, family members, and other persons involved in the network) on *The College of Direct Support* on-line program. Another ongoing measurement of improved quality is the fact that all 19 community agencies participating in *The College of Direct Support* have achieved accreditation by The Council on Quality & Leadership (CQL). As a result of this training opportunity, parents and consumers are becoming much more empowered in becoming a part of training provided to direct support staff who are impacting their lives. Staff completing the College curriculum are becoming much more skilled in understanding and meeting the needs of the people they are supporting, including the finding and utilizing of more formal and informal community supports available.

The Self-Directed Career Enhancement Project has been assisting 3 young adults with developmental disabilities to participate in a weekly toastmasters group. Toastmasters provides opportunities to build research skills, the confidence to speak to a group and get caring feedback from the other group members. Toastmasters also provides the opportunity to meet and socialize with individuals that do not have disabilities. This provides a safe environment to develop appropriate social skills and meet new people.

Partners in Policymaking graduates have reported the following: 1 graduate inquired about automatic door openers for her apartment building explaining that it will benefit everyone. After her discussion the owner has them installed; 1 graduate asked her landlord to change the door knobs from the round type to the lever type; and 1 graduate advocated with her school to allow a child in a wheelchair to participate in a concert without having to be physically removed from his chair to be moved onto the stage – now the risers are on the main floor of the gym.

Augustana College in collaboration with the Sioux Falls School District, USD Center for Disabilities, SD Parent Connection, Prairie Freedom Center for Independent Living and Southeastern Behavioral HealthCare hosted a conference, Lighting the Way - Autism

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Spectrum Disorders in our Community. The conference featured nationally recognized speakers in the field of autism and local presenters. The goals were to raise awareness in the community of Autism and Autism Spectrum Disorders; to provide training for educators, families, support personnel, service providers, law enforcement and community members; and to continue collaboration among the various entities serving individuals with autism spectrum disorders and their families. There were 250 participants (50 parents, 150 educators, and 50 professionals from the areas of social work, support services and law enforcement). KELO-TV interviewed one of the national speakers. Her interview and a story on autism were televised 4 different times statewide.

The DD Network and a committee of interested volunteers have worked on the revision of South Dakota's Criminal Justice/Human Services Handbook for the past several years. The Handbook has been printed and an initial distribution of 1,175 handbooks completed. Surveys were sent with each handbook and 80 were returned indicating the value of the resource being available. The Handbook is available on the Council's website as well.

PLANS (People Leading Accessible Networks of Support) is a Family Support 360 grant through the Administration on Developmental Disabilities. The Council has several members who are members of the PLANS Workgroup. In addition, the Council has collaborated with the PLANS project to provide additional training or activities that support the project such as Person-Centered Thinking training for 78 participants and offering TASH Teleconferences to Workgroup members and community based provider staff. The PLANS Workgroup includes 21 members – including people with developmental disabilities, family members, a former legislator, and public and private agencies. During FFY07, 1 local program was implemented. 141 families are receiving services.

The Sioux Falls Jaycees is a leadership and service organization that received funding to actively involve people with developmental disabilities in regular monthly meetings and projects. The project started out strong doing presentations and recruited 6 individuals. Through the project, 7 people have facilitated trainings on people first language and disability etiquette as well as informing the groups about the grant and the organization. There were 5 trainings with 74 people in attendance. Information was also placed in 2 publications and an email announcement to more than 2000 people.

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CROSS CUTTING (CC): The following represent those Council activities that impact all Areas of Emphasis

1. PROJECTS, STRATEGIES AND/OR ACTIVITIES.

project/activity name: Providing Information & Resources to SD

- (i) Implementer: ☐ In house ☒ by contract/grant
(ii) Grantee/Contractor name (if appropriate): USD Center for Disabilities
(iii) Beginning date: 4/1/07 Ending date: 3/31/08
(iv) Part B \$: 6,150 Other(s) \$ 4,200
(v) Intermediaries/Collaborators
☐ State Protection and Advocacy System
☒ University Center(s)
(a) – (g) _____

(vi) Primary Type of Activity.

- ☒ Outreach
☐ Training
☐ Technical Assistance
☐ Supporting & Educating Communities
☐ Interagency Collaboration & Coordination
with Related Councils, Committees and Programs
☐ Barrier Elimination, Systems Design & Redesign
☐ Coalition Development & Citizen Participation
☐ Informing Policymakers
☐ Demonstration of New Approaches to Services and Supports
☐ Other(s) _____

(vii) Briefly Describe the Project, Strategy, or Activity.

The “Providing Information and Resources to South Dakota” grant provides funding to the Center for Disabilities to provide developmental disabilities awareness, information and resources to people in South Dakota and maintain the Center for Disabilities’ information and resource collection. Continual updating of publications is required to meet the needs of the people with developmental disabilities, families and professionals.

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COUNCIL RESULTS FOR REPORTING YEAR IN CROSS CUTTING.

- CC1. Public Policymakers educated by council about issues related to Council initiatives: 21
- CC2. Copies of products distributed to policymakers about issues related to Council Initiatives: 2
- CC3. Members of the general public estimated to have been reached by Council public education, awareness and media initiatives: 72,845
- CC4. Other - _____ Number of needs assessments and surveys completed for planning purposes.
Other - _____ Number of people involved in responding to the surveys, etc.
- CC5. Other - _____ Number of policies, procedures and activities as result of DD Network Retreat.

NARRATIVE DESCRIPTION OF COUNCIL RESULTS FOR REPORTING YEAR IN CROSS CUTTING.

The Council supports the dissemination of a variety of Handbooks through the Center for Disabilities' Public Information & Resources grant. Many handbooks are distributed via requests or at conferences, presentations and exhibit booths throughout the year. These handbooks are requested from all areas of the state as well as various other states across the country. The Handbooks are also available for downloading on the Center's website which has international visitors on a monthly basis.

During the Partners in Policymaking session in January, the class met with South Dakota legislators and federal Congressional staffers. Partners provided mock testimony on current legislation, toured the Capitol, attended a session of the Senate and met with the Governor. For the mock testimony, Lt. Governor Daugaard and 6 Representatives and Senators participated. The entire body of the South Dakota House of Representatives and Senate and constitutional offices receive information about Partners in Policymaking, as well as information about the DD Network. There were 57 different articles about Partners in Policymaking sent to 143 newspapers, 66 radio stations and 7 television stations in South Dakota, as well as 3 articles regarding Partners in the SD Report (the newsletter from South Dakota Advocacy Services). Articles about Partners were also published in newsletters of SD Parent Connection, SD Coalition of Citizen's with Disabilities and local agencies. Information is also available on the SD Advocacy Services website.

The Road to Freedom Bus Tour was covered by the Argus Leader newspaper and KELO-Land Television (statewide coverage).

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DD Awareness Month – During March 2007, Governor Rounds proclaimed March as Developmental Disabilities Awareness Month. The DD Network collaborated on public service announcements that were sent to all daily and weekly newspapers, radio stations and television stations in South Dakota and all State Legislators and US Congressional delegation. Posters and awareness information was sent to all community developmental disability service providers, Family Support 360 Programs, council members and Year 15 Partners in Policymaking trainees.

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SECTION IV: CONSUMER SATISFACTION WITH COUNCIL SUPPORTED OR CONDUCTED ACTIVITIES

Consumer Satisfaction Narrative - Please provide any additional information to describe the consumer satisfaction rating results. (2,500 characters)

If you conducted an evaluation of the project's activities, please provide a summary of the satisfaction data.

Number of responses 460

Number of responses by category:

47 Individual with disability

114 Family members

299 Other

CONSUMER SATISFACTION

1. I (or my family member) was treated with respect during this project activity.

YES 136 NO 1

2. I (or my family member) have more choice and control as a result of this project activity.

YES 133 # NO 6 #

3. I (or my family member) can do more things in my community as a result of this project activity.

YES 131 # NO 6 #

4. I am satisfied with this project activity.

6	Strongly Agree	<u>95</u> #	(20%)
5	Agree	<u>273</u> #	
4	Somewhat Agree	<u>80</u> #	(Agree & Somewhat Agree – 77%)
3	Somewhat Disagree	<u>0</u> #	
2	Disagree	<u>14</u> #	(3%)
1	Strongly Disagree	<u> </u> #	

5. My life is better because of this project activity.

6	Strongly Agree	<u>67</u> #	(46.5%)
5	Agree	<u>71</u> #	

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4 Somewhat Agree ___5___# (Agree & Somewhat Agree – 52.7%)
3 Somewhat Disagree ___#___
2 Disagree ___1___# (.01%)
1 Strongly Disagree ___#___

The following two questions were optional if a project included rights and protection:

6. Because of this project activity, I (or my family member) know my rights.

YES ___78_(94%)___# NO ___5_(6%)___#

7. I (or my family member) am more able to be safe and protect myself from harm as a result of this project activity.

YES ___80___# NO ___5___#

NARRATIVE – Please provide any additional information to describe the consumer satisfaction results.

Projects funded by the Council are required to complete some type of evaluation. If the project chooses to use the Consumer Satisfaction Survey those results were reported in this section.

In addition, in December 2006, the Council Director facilitated a discussion utilizing the Stakeholders Satisfaction Survey with the Family Support Council. Results were as follows:

What does the Council do well?

Outreach, supporting and modeling new approaches to services and supports; great job of advocating for people with disabilities to be independent; provides wonderful help for parents to learn and attend conferences; continuing to fund Partners and YLF; and providing grant opportunities.

What could the Council do better?

Awareness/information for legislators; get more people outside the community involved; students and parents in transition need more information to prepare for the future; more people need to know about the Council and the services and opportunities it provides; disseminate information about programs, services and training opportunities; supporting and educating communities; and informing policymakers.

Who was in attendance?

1 public policymaker
3 representatives of public agencies
3 members of community organizations/association boards or workgroups
7 parents/family members/people with a disability.

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Impact: Council activities have improved the ability of people with developmental disabilities and family members to:

1. make choices and exert control over the services and support they use
Strongly agree – 4
Somewhat Agree – 4
Agree - 4
2. participate in community life
Strongly agree – 6
Somewhat Agree – 2
Agree - 4

Satisfaction – Council activities promote self-determination and community participation for people with developmental disabilities:

Strongly agree – 6
Somewhat Agree – 2
Agree - 4

Some comments from the graduates of Partners in Policymaking include:

“I came away with more information and understanding about post-high school opportunities. While, personally, this hasn’t impacted me, I have definitely used this information with my friends and also individuals with whom I work.”

“Have learned independence, found a job that I like. Am standing up to the company that is to assist in getting my trailer more together and they are listening. I am on the advisory Council for CFI Miller support Services, and this year have been elected chairperson of the Council.”

“How to listen more and make decision.”

“One of the greatest skills is communication. My son has had nothing but success in regard to his education and IEP experiences.”

“Problem solving in groups, listening, making points in an argument.”

“Speaking up and not taking no as the final answer.”

“Advocacy skills; connecting with resources, paying attention to, understanding, and participating in the legislative process.”

“I learned a new perspective. One of letting go and allowing my son to make more of his own decisions. I learned not to accept limited options but to expand my solving, think outside the presented choices and demand with a smile the best for my son. I

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also learned so many others are struggling to navigate this system that I can help support and encourage them as well.”

“Getting a house to live in – I can educate others about living in a house.”

“Assertive vs. aggressive and being prepared. Focusing concern & meetings on our children. Resources and researching the unknown or uncertainty.”

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SECTION V: COUNCIL PROGRESS IN ACHIEVING GOALS

Goal: EMPLOYMENT

Goal Description: People with developmental disabilities with have a variety of employment options.

Goal achievement: Met
 Partially met X
 Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to providing training, information and resources for people with developmental disabilities, their families, service providers, and employers on topics related to employment; self-employment; and activities in the areas of transition from school to work.

The Council continues to discuss and plans to pursue a project in self-employment during this Five-Year Plan. One discussion point for the Council is the continued sustainability of such a project and therefore, no projects have currently been funded. The Council works closely with the Division of Rehabilitation Services when looking at the viability of employment projects brought before the Council.

During FFY07 the Council was able to meet most of its outcomes with the exception of self-employment for the reasons stated above. Council activities focused on training, information and resources for a variety of stakeholders.

During a listening session with Partners in Policymaking graduates, family members and other stakeholders, several issues related to employment and employment as it relates to transition from school to adult systems were shared. These included: need for more meaningful job opportunities; livable wage, more job coaches, better trained job coaches, equal pay, career development, chance to go to post-secondary, need to move towards person-directed efforts not just food, filth and filing; the forms seem to drive transition – not what a person wants or needs; and better use of networking within community. Another person commented that stigma is still alive and well in the community for persons with disabilities, especially when seeking employment. These discussions will assist the Council in planning for future activities in the area of employment and transition.

Goal: HOUSING

Goal Description: People with developmental disabilities are provided opportunities and choice for inclusive community living.

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Goal achievement: Met
 Partially met X
 Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to the dissemination of information and the promotion of home ownership and other community living options.

During FFY07, the Council met its performance targets for dissemination of the revised "Guide to Home Ownership for People with Limited Incomes in South Dakota" and promotion of community living thru newsletters and presentations. We are hopeful that in the coming years we will use the success stories that we are gathering to reach a broader number of people including bankers and realtors.

Goal: HEALTH

Goal Description: People have a range of needed health care services, with a focus on dental and medical services, preventative health care, traumatic brain injury and fetal alcohol syndrome.

Goal achievement: Met
 Partially met X
 Not met

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to dental services and providing information and training on health care topics.

During FFY07, the Council's project in the dental services area was a success and is continuing to plan for a training session for dentists and staff at the annual dental conference. In addition to these grant activities, the Council's Director attended the South Dakota Oral Health Summit V. Statistics shared at this meeting showed the importance of activities related to oral health and prevention. The national average for the number of patients per dentist is 1,800 while in South Dakota it is 2,600. The Department of Health and Delta Dental had a media campaign on oral health prevention for young children. The Ronald McDonald Care Mobile which provides mobile dental services is scheduled through 2010. During its second year which ended 9/30/07, 4,300 children received services. 48% of those had no insurance and 40% came from households where the income was less than \$10,000 and 16% where the income was less than \$20,000.

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In addition to these activities, the Council continues to remain informed regarding Fetal Alcohol Spectrum Disorders and activities related to prevention, case management and the juvenile justice system. These activities are coordinated by the Division of Alcohol and Drug Abuse within the Department of Human Services and the Center for Disabilities (UCEDD).

Goal: EDUCATION

Goal Description: People with developmental disabilities meet their educational goals.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives relate to providing training, information and resources for people with developmental disabilities, their families, and education professionals, on topics related to early intervention, inclusion, transition, person-centered planning, co-occurring disorders, etc.

Although the Council did not have any specific projects in this area of emphasis, several projects had outcomes related to students in transition reaching their goals and transitioning to jobs in the community. The Council hopes to continue these efforts and to possibly look to future activities particularly in the areas of person-centered thinking skills and transitioning to adult services.

The Council feels that projects such as the Youth Leadership Forum and Partners in Policymaking (although not considered in this area of emphasis) have an impact on local education agencies as both the students and their families become more knowledgeable about the transition process and become better at person-centered planning. Participants in the Youth Leadership Forum (YLF) continue to gain notice among teachers and community members as they gain self-confidence and self-determination skills. Teachers and community members are attributing those skills to YLF and its activities.

Governor Rounds and the State of South Dakota have received a National Governors Association grant to host a summit on early childhood. South Dakota has chosen to carry out the Summit in three phases. Phase I convened the Kids Cabinet formed as part of the 2010 Education Initiative. The Kids Cabinet members began their work around the needs of children ages birth to 3 years as part of the infant and toddler training initiative. During Phase I, Dr. J. Ronald Lally was the keynote speaker at the Building a Foundation for Success Infant & Toddler Trainer Conference in August 2007. Kids Cabinet members and others were invited to hear his remarks and to discuss early care and education issues with Dr. Lally and other policymakers, community leaders

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and stakeholders. Phase II will convene a broad group of state and local stakeholders to discuss the issues identified in Phase I and identify needs and best practices relative to children ages 3-5 years old. (Scheduled for December 2007) Phase III includes developing state action plans for early childhood to complement the “Starting Strong” component of the 2010 Education Initiative.

Areas brought up at the Partners listening session include: lack of teachers for adult basic education programs; need more home tutoring; need college classes for ALL teachers on disabilities; more outreach/education to colleges and universities; need proactive seminars on writing an IEP; need more peer-to-peer mentoring in schools; parent/school communication is not good; parents don’t understand IEP process and schools don’t tell them; need more assistive technology; need more information on EPSDT (Early Periodic Screening, Diagnosis and Treatment) thru Medicaid; make effort to have State write good rules regarding behavior intervention issues; need mentoring program for youth to adult; more resources; and transition services need improvement – students are graduating with no IEP and the school is graduating them just to get them out of school.

Goal: CHILDCARE

Goal Description: Children and families benefit from a range of inclusive, flexible childcare options.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council’s objective relates to the Council remaining informed regarding issues and activities in this area. Although not an area that the Council has provided a lot of funding for, the area of child care is one that continues to be brought up at listening sessions. At the Partners in Policymaking listening session the comments included: shortage of childcare, more education of workers, off hours availability, need more qualified staff, limited licensing by the state, respite care does not cover work related activities, and care for older children with disabilities.

The Department of Social Services, Division of Child Care Services recently completed a new State Plan for the Child Care and Development Fund for FFY07-09. South Dakota’s plan includes direct child care assistance for qualifying children with advanced special needs and families of low income; funding for child development information for parents and literacy activities; activities to increase the availability of infant-toddler care; out-of-school time programs; professional development, early childhood development and health and safety grants. Child Care Programs that promote inclusion are: ongoing

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training and technical assistance to providers required via regulation; Inclusion Specialists in each Early Childhood Enrichment site statewide; Social-Emotional Consultation Services; program for Children with Advanced Special Needs; and Out-of-School Time training.

The Council continues to be involved with the SD Alliance for Children which provides a forum for keeping up to date on activities and needed actions related to childcare and after-school and out-of-school time programs.

Goal: RECREATION

Goal Description: People benefit from inclusive recreational, leisure and social activities consistent with their interests and abilities.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

Council objectives in this area include providing assistance to people with developmental disabilities of all ages to participate in inclusive recreation opportunities of their choice; and providing information and resources to people regarding recreation and leisure activities.

At the Partners listening session two areas were brought up related to recreation – physical accessibility of the facility and open discussion of local program policies that allow people access (most people don't know that programs must be accessible).

Goal: TRANSPORTATION

Goal Description: People have transportation services for work, school, medical and personal needs.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

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Council objectives in this area relate to maintaining an awareness of the status of Public Transportation in the state and the needs of people with disabilities as well as enhancing community transportation in at least 2 areas of the state.

During FFY07 the Council received an update on the United We Ride activities and report to the Board of Transportation. In addition, three of the local self-advocacy teams have selected projects in the area of transportation for their local action projects. The Council is looking forward to hearing the progress of these local teams and sharing their stories with other advocates.

The Council continues to look for ways to collaborate on activities related to transportation because it is so important for people with developmental disabilities, particularly in a rural state.

Goal: QUALITY ASSURANCE

Goal Description: People have the information, skills, opportunities and supports to live free of abuse, neglect, financial and sexual exploitation and violations of their human and legal rights.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives in the area of Quality Assurance include leadership development, self-advocacy organization, assistance for people with disabilities and their family members to attend conferences and workshops, and systems change activities in the community-based system.

The Council has supported Partners in Policymaking for 16 years and the Youth Leadership Forum for 10 years. Both of these projects continue to provide information on resources and leadership skills training to new potential leaders each year. The Council believes that educated and knowledgeable people have a greater impact on the quality of services and supports provided to people with developmental disabilities.

The Mobilizing for Self-Advocacy project funded by the Council is just completing its second year of a three year project. To date, the project has provided training and technical assistance to 6 self-advocates so that they are knowledgeable about self-advocacy and are able to share that knowledge with other self-advocates. The local teams that have been created are working on systems change activities and have developed a state plan for a self-advocacy network that will be finalized in FFY08.

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These and other projects will assist the Council in meeting its objectives and performance targets for this area.

Goal: FORMAL & INFORMAL COMMUNITY SUPPORTS

Goal Description: People have access to other services available or offered in a community, including formal and informal community supports that affect their quality of life.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

The Council's objectives include College of Direct Support, providing training, information and resources to a variety of people, inclusive worship, and the criminal justice area.

Many of the Council's efforts in this area will take more than one year to complete. And, although we have not met the initial performance targets set for FFY07, plans continue to focus training and information efforts so that our overall objectives can be met by the end of the five year state plan. Several of these efforts are impacted by the amount of time the Council's sole staff person has available for activities.

The Council provides funding for training for direct support professionals, people with developmental disabilities, their families and the general public throughout the state. The College of Direct Support and in-service training programs will continue to be expanded to offer more people the opportunity to participate.

The following information relates to Community Supports and came from the Partners Listening Session: need parent resource information (daycare, technology, website clearinghouse, one stop shop for services); need to continue PLANS project; need groups/organizations in the community to be inclusive for ALL individuals (such as Toastmasters); need adult respite care; support and education is needed for self-sufficiency/independent living; need more personal control and self-directed services; need more information on benefits, recreation, employment and collaboration between agencies; need more education on People First Language everywhere – for schools, city councils, county commissions, service organizations, etc.; current application for services is long and very unfriendly; need training for youth to help understand their disability; and people with disabilities need more information on what services they are entitled to and what services are available.

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Goal: CROSS-CUTTING

Goal Description: Public relations materials produced and disseminated by the Council and Council grantees focuses on “inclusion of people with developmental disabilities”.

Goal achievement:	Met	
	Partially met	<u> X </u>
	Not met	

Narrative: Please provide a description of the extent to which the goal was achieved. If not achieved, a description of factors that impeded the achievement.

Council objectives in this area include providing information and resources, education of legislators and public policymakers, completion of needs assessments and surveys, and DD Network Collaboration.

During FFY07, the Council collaborated with its DD Network Partners to participate as presenters and/or exhibitors at a wider variety of conferences and special events. This collaboration provides an excellent opportunity for the DD Network to efficiently promote inclusion of people with developmental disabilities and to share information on programs and services available.

Handbooks supported by the Council and developed or updated by the Center for Disabilities continue to be in demand throughout the state and nation as well as internationally. In response to requests for information on services for people with developmental disabilities, the Council and Center are working to develop a new handbook to address this need for people with developmental disabilities and their families.

During the 2007 Legislative Session, House Bill 1312 was introduced to direct the Legislative Research Council and the state agencies to use certain approved terminologies when referring to persons with disabilities in the preparation of legislation and rules. Two Council members (a person with developmental disabilities and the P&A Director) along with other advocates for people with disabilities testified at the public hearing in favor of the bill. Although the bill failed to get out of committee, the language was supported and passed both the House and Senate as House Concurrent Resolution No. 1007 which reads as follows:

A CONCURRENT RESOLUTION, Encouraging the Legislature of the State of South Dakota to continue in its practice and to further examine using people first language, which will acknowledge individuals as people before they acknowledge any disability.

WHEREAS, the Legislature of South Dakota is looked upon to be a role model for the citizens of South Dakota; and

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WHEREAS, language used in reference to persons with disabilities shapes and reflects society's attitudes towards people with disabilities; and

WHEREAS, many of the terms currently used by society diminish the humanity and natural condition of having a disability; and

WHEREAS, terminology that references persons with disabilities should not imply that such persons are disabled as a whole, equate persons with their condition, or have negative overtones of a derogatory or demeaning effect; and

WHEREAS, the Legislature finds it important and appropriate to clarify that for new and revised laws and rules use should be made of terminology that puts the person before the disability:

NOW, THEREFORE, BE IT RESOLVED, by the House of Representatives of the Eighty-second Legislature of the State of South Dakota, the Senate concurring therein, that the South Dakota Legislature will support language to put people first when referring to persons with disabilities in its statutes and rules.

Adopted by the House of Representatives on February 14, 2007
Concurred in by the Senate on February 20, 2007

Signed:

Thomas J. Deadrick, Speaker of the House
Dennis Daugaard, President of the Senate
Karen Gerdes, Chief Clerk of the House
Trudy Evenstad, Secretary of the Senate

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SECTION VI: REPORTING YEAR EXPENDITURES

A. Types of Recipient

RECIPIENT	Part B \$	Match \$	TOTAL \$
1. DD Council	\$ 2,519	\$ 839	\$ 3,358
2. Designated State Agency			
3. Other(s) State Agency	\$ 56,343	\$ 22,119	78,462
4. P&A System	\$ 102,766	\$ 64,794	\$ 167,560
5. University Center(s)	\$ 1,414	\$ 3,178	\$ 4,592
6. Non-Profit Organizations	\$ 210,717	\$ 60,074	\$ 270,791
7. Other	\$ 150,040	\$ 86,597	\$ 236,637
8. TOTAL	\$ 523,799	\$ 237,601	\$ 761,400

B. Cost Categories – Areas of Emphasis, General & DSA Functions

CATEGORY	Part B \$	Other(s) \$	TOTAL \$
1. Employment	\$ 43,017	\$ 20,225	\$ 63,242
2. Education & Early Intervention	\$ 8,624	\$ 997	\$ 9,621
3. Housing	\$ 7,996	\$ 177	\$ 8,173
4. Health	\$ 6,506	\$ 10,247	\$ 16,753
5. Child Care	\$2,082	\$ 15	\$ 2,097
6. Recreation	\$ 16,145	\$ 39,209	\$ 55,354
7. Transportation	\$ 1,537	0	\$ 1,537
8. Quality Assurance	\$ 262,670	\$ 142,533	\$ 405,203
9. Formal/Informal Community Support	\$ 136,554	\$ 15,100	\$151,654
10. General management (Personnel, Budget/Finance/Reporting)	\$ 38,668	\$ 9,098	\$ 47,766
11. Functions of the DSA			
12. TOTAL	\$ 523,799	\$ 237,601	\$ 761,400

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SECTION VII: DISSEMINATION OF ANNUAL REPORT

1. Full copies of the annual report are shared with the Governor's Office, Secretary of the Department of Human Services, Council members, State Library, Congressional Offices and appropriate individuals, agencies and organizations in South Dakota.
2. Highlights of the report and/or information on how to secure a complete copy of the report is featured in newsletters from such agencies/organizations as the USD Center for Disabilities, SD Advocacy Services, SD Parent Connection and the SD Coalition of Citizens with Disabilities.
3. The Council maintains a mailing list of over 400 individuals and agencies that have expressed an interest in receiving periodic updates on the Council and its activities. Information on the Annual Report is included in the email or hard copy notices that are sent to this group.
4. A summary is placed on the Council's web page with information on how to secure a complete copy of the report.
5. Copies of the report are made available in alternate formats upon request.

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SECTION VIII: DEVELOPMENTAL DISABILITIES NETWORK COLLABORATION

A. Provide information related to only those issues/barriers affecting individuals with developmental disabilities and their families in your State that the DDC, P&A, and University Center(s) (the DD network) have jointly identified as critical State issues/barriers.

Using short titles, list 5-10 areas that the DDC, P&A, and University Center(s) have identified as critical State issues/barriers.

1. DD Network Collaboration
2. Training in Rights, Self-Advocacy & Self-Determination
3. Housing Issues
4. Family Support Issues including Special Education
5. American Indian/Tribal Issues
6. Criminal Justice
7. Legislative Issues

B. Provide the following information for at least one of the issues/barriers selected for DD Network collaboration.

1. Issue/Barrier #1
2. Provide a brief description of the collaborative issue/barrier and expected outcome(s):

South Dakota's DD Network has collaborated on a variety of activities and projects over the years. Despite this fact, the DD Network felt that their efforts could be improved. To do this, the DD Network decided to have board and council members participate in a Retreat to brainstorm ideas and provide focus for the activities of the Network.

Each DD Network Partner provided an overview of their programs and goals so that everyone would have a better understanding of each of the programs. A facilitator was hired to take the group through a series of small and large group discussions. The small group discussions were based by program and helped each program to focus on its goals and needs. While the large group discussions helped everyone realize how what each programs does impacts the other programs. The large group discussion also provided an opportunity for the group to prioritize some of the needs and issues that were discussed.

3. Reference applicable Life Area(s): Self-Determination and Community Inclusion
4. Describe the Council's specific roles and responsibilities in this collaborative effort and technical assistance expertise your Council can provide to other States:

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The Council's members were all invited to participate in the retreat held in June 2007. The Council's Chairperson provided an overview of the DD Council and how it operates.

5. Briefly identify problems encountered as a result of this Collaboration, and technical assistance, if any, desired.

There have been no problems with DD Network collaboration.

6. Describe any unexpected benefits of this collaborative effort.

Members of the Council and the other DD Network boards felt the Retreat provided a good format for learning about the other Network Partners and how we can collaborate in the future. Many of the board/council members are on other workgroups and committees and will be sharing the issues and concerns raised at the Retreat. This sharing of information should assist in creating systems change discussions from a variety of perspectives.

The DD Council members added a specific objective to the State Plan to make sure that DD Network activities are prioritized and moved forward. The possibility of future Retreats with DD Network Partners and possibly other interested groups has been discussed.

The following is the report provided by the facilitator, Jim Kellar, with additional narrative included from the brainstorming session.

South Dakota's Developmental Disabilities Network Retreat June 12-13, 2007, Cedar Shores Resort, Oacoma/Chamberlain

On June 12-13, of this year, the board members, directors, and representative staff from three organizations which deal with disability issues in South Dakota met to explore opportunities for collaboration. The organizations met at Cedar Shores, in Chamberlain. Participating were SD Advocacy Services, The Center for Disabilities, and the DD Council. In this document, I want to summarize what happened during that meeting.

Robert Kean opened the meeting, and Judy Struck followed. They spoke of the need to cooperate and our intent to explore ways to collaborate. They communicated that this was an exploratory process, that we couldn't be sure of the direction the group would take to get the outcomes we wanted, and they reserved the right to adjust our group processes to alter direction or take advantage of our group's resources as the retreat unfolded.

The facilitator opened the discussion by asking what the participants wanted from the retreat. Several people, Directors and Board Members spoke up to contribute to our

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group's goals for the retreat. The group's goals and the director's goals are summarized below:

- We want to learn to partner with other agencies and organizations whose missions are compatible with ours in order to maximize the efficient use of limited resources and maximize service to individuals with disabilities.
- We intend to establish a workable collaboration process among the agencies represented at the retreat.
- We intend to continue beyond this first retreat. We will build on this process so we can continue to seek opportunities, capitalize on resources, and collaborate at higher levels in the future.
- We seek common ground, firm footing to build on for the future, places where it makes sense to join efforts or combine resources to accomplish our individual missions.

We began with the following agenda...we knew we needed to discuss the topics below, but we agreed to adjust the agenda along the way, as the group desired.

Introduction

Introduction of everyone present

Directors describe their interest and intentions for this project

Vision and Outcomes

Long term visions for collaboration

Individual missions of organizations involved

Define realistic outcomes

Prime Opportunities

Opportunities by agency

Target areas

Nuts and Bolts

Directors work with their groups to determine the next steps to take

As we proceeded with our discussion, we quickly went from the Vision and Outcomes parts of the program to the Prime Opportunities portion; the two topics overlapped, so we combined them in our recording. The groups articulated their group's views as well as individual views of what is needed in South Dakota from the unique perspective of each organization's mission. We found ourselves addressing the whole array of needs within the state and the discussion produced many ideas.

As we proceeded, we tried to confine ourselves within a single mission statement. Several proposed mission statements for this effort were suggested. In the end, the collective boards and staffs of these agencies decided to use our limited time to discuss the topics and the placed their confidence in the hands of the directors to guide their respective boards towards a mission of collaboration and cooperation. Some of the proposed mission statements we discussed are below. The group decided these should be seen as thought-provoking guidelines as directors define and refine specific areas for collaboration. The boards agreed to support their directors in this effort.

We will work together to define processes and understand program offerings so that any member of any organization, committee, or group will have the ability to discuss, refer, or explain the continuum of disability services to people who make

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contact with any part of this system.

We promote authentic community inclusion by working together to build acceptance within communities in a self-directed environment that will serve individuals over their entire life span.

We need education for consumers, providers, and within the community. Information should be given to anyone who needs it, even those who don't realize they need it. We promote direct, personal, contact that achieves these purposes.

When the group discussed outcomes and issues, they explored what the issues are that drive the agencies and the programs...we asked the boards and staffs to articulate some of the outcomes they'd like to see, by agency. Their collective thoughts and ideas became a myriad of thoughts, side discussions, and add-ons. We recorded them and, to simplify things, we've combined them where appropriate, and listed them below. Some of the needs driven outcomes, some of the prime opportunities for collaboration, and the issues surrounding them, are listed below:

- We need to identify the key issues surrounding disabilities, and develop short, medium, and long range goals around them.
- We need to ensure we're hearing what our constituents are saying and need to interact with our boards to re-focus as needed.
- We need to create a support network that collectively shares information in order to eliminate duplication and more effectively address disability issues throughout South Dakota.
- There is a need to get appropriate information to those who need it—even those who don't realize they need it.
- We need to maintain a strong, all-inclusive educational system and provide for transition to appropriate adult services for those who need them.
- Our education system needs to provide more preparation for people who are going to work with children and families dealing with disability issues. A "best practices" focus needs to be disseminated throughout the state.
- Options such as vocational training and self-employment must be more available and accessible and expectations need to be elevated as early and as high as appropriate for the individuals.
- There is a strong need for respite/child care, especially for those children with significant behavioral issues. This is especially difficult for people not working traditional 8-5 hours and for those who work or need child care on weekends.
- There is a shortage of child care workers to attend the needs of those who are medically fragile or those with disabilities.
- We need a clearinghouse and a data base to support parents and families in terms of the comprehensive child care needs experienced by parents of children with disabilities.
- There is a need to build acceptance for people with disabilities, within local communities...acceptance that reflects authentic inclusion, from schools to the job market.

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- Employment opportunities, meaningful employment, and other goals need to be articulated within communities.
- Community Education is needed. We need to educate ourselves and others to provide opportunity for self direction. People with disabilities can become personally directed to achieve a good life; they need to be taught how and given a chance to make this choice.
- We need to close the gaps between what is needed and what is available... between what is needed and what is provided for across the whole lifespan of the individual, not just for the younger people with disabilities. Making this information available so one can access it and see what is available regardless of the age at which he or she comes into the system.
- We need to focus on developing programs that are accessible immediately and usable for those contacting the system.
- We should consider a universal orientation process so people who access the system can avoid the red tape and duplication that accompanies most social resources.
- We must get “outside the box” to deal with the multiple, small monetary streams, to work culturally and holistically to address the myriad of issues surrounding health.
- Dental, Medicaid, CHIPS Program, and all health need to be focused to provide a systematic, comprehensive level of health care opportunities for individuals with disabilities.
- All programs and systems, from vocational rehabilitation to education need to change...and we need to be kept informed and change with them.
- Lobbying for disability issues needs to be comprehensive and we need as many partners as we can gather in these sorts of efforts.
- Accessibility throughout the community needs to be addressed—recreational activities, health care availability, education, and all other basic services.
- Transportation is the key to becoming a part of the community. Everything from background checks for drivers of public transportation vehicles to hours of operation, to safety issues surrounding access to and from public transportation needs to be considered.

The discussion about these issues was lively and at times, passionate. Issues that surround the scope and availability of services to people with disabilities are complex because they're multidimensional, and often intensely personal. Some key personal issues emerged, were considered, and were re-visited throughout our discussions. They had an impact on everything we did and all that was ultimately decided.

Many people are drawn to these issues and efforts by their personal needs... their desperate need for educational, healthcare, transportation, or career services for children or other family members who are coping with challenges in their daily lives. Others have chosen the “disability” field as their life's work and are employed by agencies that operate programs, provide funding, and serve many people in many ways...they see a larger view and are equally passionate, and equally correct, as they advocate for programs and a system that can survive as well as serve people over the long term.

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Ultimately, the participants decided that in this climate of constantly expanding needs with a constantly shrinking pool from which to draw resources, no one serves any mission unless we learn to collaborate and find ways to maximize resources and balance, as best we can, program demands with individual needs. The necessity to communicate and collaborate is a faint call today. In the future, it will only become louder and more persistent. Competing among ourselves will eventually distract from our mission and drain our resources even further, diluting our effectiveness and denying people with disabilities the opportunity to live lives of maximum independence.

In the end, the group decided on several outcomes that must come from this first effort towards understanding and cooperation:

1. This group must continue to meet and pursue the opportunities we can get from cooperation and collaborating. This first effort was a good one...now that we've defined the issues, our next efforts will build on this.
2. One avenue for growth is to include other agencies in this effort as we gain momentum and focus.
3. Directors are charged with carrying out the spirit and pursuing collaboration opportunities whenever possible.
4. We should consider developing a handbook for each board member or committee member who is selected to serve so that they can become competent to discuss issues on a more comprehensive basis.
5. We should consider identifying education and outreach methods for people with disabilities and their family members. We should target and continue those efforts to form a chart that organizes services throughout the state.
6. The network we're considering should also focus on a better way to garner feedback from people we serve.
7. We should promote more education for school personnel, especially those who work directly with people with disabilities so they can provide contact information, technical assistance to other teachers and administrators, and more fully assist in transition efforts.
8. We should consider developing information in a more collective manner that would allow more sharing among groups.
9. We promote communication efforts and encourage a basic understanding of competencies so people can discuss, refer, or explain other efforts to help people with disabilities. This should incorporate understandable, practical directions for each step of the process of accessing services from all agencies.
10. Combine the above with efforts to work together to refer from group to group so people are served more completely.
11. Work to bring advocacy groups together so there is no duplication of services and diluting of resources.
12. Network so we can help people transition and close the gaps in our service.
13. Consider Memoranda of Understanding so that groups can officially work in concert on specific issues.

Observations and Summary

The group was unanimous in their willingness to listen and understand. Even within this committed community, there are differences; those must be acknowledged and in some

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cases, overcome, so that people and programs can work together more effectively.

The group was unanimous in their support of capitalizing on collaborative efforts. They expressed their trust in their directors by asking them to be alert to opportunities to bring to boards and staffs, opportunities for collaboration and cooperative efforts.

The group was unanimous in their passionate interest in carrying this effort into the future. The need to collaborate is one issue that was never disputed because, in the end, these groups and people are committed to the ideals of service and the people they serve.

The need to meet further is important. As I write this summary, I'm struck by the enthusiasm for this effort among participants, and I'm aware of the need, in the future, to establish some "rules of the road" for this sort of activity. Memoranda of Understanding, a Mission statement, or some other written document that states, with clarity, the intentions of the group, is important. It will give those enthusiasts with the energy and commitment a place to start from the next time they meet, and it will guide the decisions of future groups such as this.

Respectfully submitted by the group facilitator
Jim Kellar